


FILED  
03 OCT 17 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P39223**

1. Corporation Name  
**ICON Capital Corp.**

**REINSTATEMENT 02-03**

2. Principal Office Address <b>100 Fifth Avenue</b>		3. Mailing Office Address <b>100 Fifth Avenue</b>	
Suite, Apt. #, etc. <b>10th Floor</b>		Suite, Apt. #, etc. <b>10th Floor</b>	
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>	
Zip <b>10011</b>	Country <b>USA</b>	Zip <b>10011</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>6/12/92</b>		5. FEI Number <b>22-2598874</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	

7. Name and Address of Current Registered Agent

Name  
**NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**526 E. Park Avenue**

Suite, Apt. #, Etc.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent by: **Chere J. Young** Date: **10-17-2003**

REGISTERED AGENT MUST SIGN **Asst Secy of NRAI Service**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Beaufort J.B. Clarke	100 Fifth Avenue, 10th Floor	New York, NY 10011
Director	Paul B. Weiss	260 California Street	San Francisco, CA 94111
Director	Thomas W. Martin	100 Fifth Avenue, 10th Floor	New York, NY 10011

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(c), P.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Beaufort J.B. Clarke** Date: **10/15/03** (212)-418-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
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**CORPORATION REINSTATEMENT**

**ICON CAPITAL CORP.**

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