

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 DEC 21 PM 3:43

DOCUMENT # **P99000089028**
 1. Corporation Name
INTERNATIONAL CERTIFICATION REGISTRARS, INC.

Principal Place of Business	Mailing Address
10811 MAPLE CHASE DRIVE SUITE 128 BOCA RATON FL 33498	10811 MAPLE CHASE DRIVE SUITE 128 BOCA RATON FL 33498

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT **00**

4. Date Incorporated or Qualified To Do Business in Florida	10/08/1999
5. FEI Number	65-0955337
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PRES.	WEBER, BRUCE M	10811 MAPLE CHASE DR	BOCA RATON FL 33498
SEC.	WEBER, RANDY L	10811 MAPLE CHASE DR	BOCA RATON FL 33498
			500003514665-8 12/27/00-01071-016 ***750.00 ***750.00
			<i>Jh 12/22</i>

8. Name and Address of Current Registered Agent
FLORIDA LAWDOCK, INC.
 222 LAKEVIEW AVENUE, FOURTH FLOOR
 WEST PALM BEACH FL 33402

9. Name and Address of New Registered Agent
 Name: **ALLEN M. BERKMAN**
 Street Address (P.O. Box Number is Not Acceptable): **3570 N.E. 190TH ST**
 Suite, Apt. #, Etc.: **SUITE 1204**
 City: **AVERTURE** State: **FL** Zip Code: **33180**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *[Signature]* Date: **12/2/00**
 REGISTERED AGENT MUST SIGN

11. 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)(i), F.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: *[Signature]* **Bruce M. Weber** Date: **12/18/00** Daytime Phone #: **883-9200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/00)