

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 503291

Entity Name: I.C. PROBOTICS, INC.

FILED  
Sep 29, 2009  
Secretary of State

**Current Principal Place of Business:**

122 E. LAKE AVENUE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 520669  
LONGWOOD, FL 32752 US

**New Mailing Address:**

122 E. LAKE AVENUE  
LONGWOOD, FL 32750

FEI Number: 59-1672341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LENZ, SEYMOUR  
122 E. LAKE AVENUE  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SEYMOUR S. LENZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: LENZ, SEYMOUR S  
Address: PO BOX 520669  
City-St-Zip: LONGWOOD, FL 32752

Title: VPS ( ) Delete  
Name: LENZ, JEANETTE B  
Address: PO BOX 520669  
City-St-Zip: LONGWOOD, FL 32752

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: LENZ, SEYMOUR S  
Address: PO BOX 520669  
City-St-Zip: LONGWOOD, FL 32752

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEYMOUR S. LENZ

Electronic Signature of Signing Officer or Director

PRES

09/29/2009

Date