FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 OCT 19 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000000469

1. Corporation Name

iCi, Inc.

REINSTATE

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6300 HIGHWAY EAST 98	711 H ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	STE 330
City & State	City & State
PANAMA CITY, FL	ANCHORAGE, AK
Zip / Country	Zip / Country
32404L / USA	99501 / USA

4. Date Incorporated or Qualified To Do Business in Florida 2-4-2009

5. FEI Number 52-1503163 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

700186860827
10/19/10--01006--011 **78.75

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: Dorie Kluess, Asst. Sec. Date: 10-12-10
REGISTERED AGENT MUST SIGN

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
PRES	GEORGE BERNARDY	711 H STREET, STE 330	ANCHORAGE, AK 99501
SEC	DEBBIE SMITH	711 H STREET, STE 330	ANCHORAGE, AK 99501
DIR	MICHAEL E. BROWN	711 H STREET, STE 330	ANCHORAGE, AK 99501

10. E-mail Address: dsmith@capefoxcorp.com
(To be used for future annual report notification)

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. I further certify, 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: Debbie Smith SECRETARY 10-12-2010 907-279-0204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 06/03/2010 CT System Online