

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000002961

1. Corporation Name

ICI CONSTRUCTORS, INC.

FILED
00 NOV -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

10500 UNIVERSITY CENTER DRIVE
SUITE 155
TAMPA FL 33612
US

10500 UNIVERSITY CENTER DRIVE
SUITE 155
TAMPA FL 33612
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1994

5. FEI Number

36-3952260

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	MILLER, JAMES W	17811 HICKORYMOSS PL	TAMPA FL 33647
VD	GETZ, MICHAEL J	9407 HUNTERS POND DR	TAMPA FL 33647
SD	MILLER, MARTHA S	121 RAINBOW DRIVE	SLEEPY HOLLOW IL
			100003473371--6 -11/21/00--01106--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~GETZ, MICHAEL J~~
~~10500 UNIVERSITY CENTER DRIVE~~
~~SUITE 155~~
~~TAMPA FL 33612~~

9. Name and Address of New Registered Agent

Name VERNON L. MOSIER
Street Address (P.O. Box Number is Not Acceptable)
10500 UNIVERSITY CENTER DR.
Suite, Apt. #, Etc.
SUITE 155
City TAMPA State FL Zip Code 33612

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]
REGISTERED AGENT MUST SIGN

Date 10/18/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES W MILLER

KE

Date 10/18/00 Daytime Phone # 8139773698

CR2E040 (8/00)