PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION . **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

F95000003115 DOCUMENT'#

1. Corporation Name

INTERNATIONAL CARGO MARKETING CONSULTANTS, INC.

Principal	Place o	of Business

Mailing Address

P.O. BOX 66751

AMF O'HARE INTERNATIONAL AIRPORT

P.O. BOX 66751

AMF O'HARE INTERNATIONAL AIRPORT

FILED

02 JAN 29 AM 10: 28

SEVERILLERY OF STATE TALLAHASSEE, FLORIDA



If above a	ddresses are incorrect in any way, lin- ncipal Office Address, If Applicable	e through incorrect info	prmation and enter correction below.	EINST	NTEMENT	1102
		3. New Mailing	New Mailing Office Address, If Applicable Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 06/27/1995	
Suite, Apt.	#, etc.	Suite, Apt. #, et			er.	Applied For
City & State		City & State	City & State		36-3568542 Not A	
Zip Country		Zip	Country			\$8.75 Additional Fee required for a Certificate of Status
7. Names a	and Street Addresses of Each Officer	and/or Director (Florid	la nonprofit corporations must list at	least 3 directors)		
Title(s) 1 Name of Officers and/or Directors		t e	Street Address of Ea Officer and/or Direct		City	/ State / Zip

Title(s) 1	2 and/or Directors	3 Officer and/or Director	City / State / Zip
PTDC	JONES, ROBERT E JR	-884 REGENCY DR.	LAKE ZURICH IL 60047
PTOC	JONES, Robert L. JR	32 Castleton CT,	North Barrington IL
• • • • • • • • • • • • • • • • • • • •		<u> </u>	3000043828281 -02/06/0201034012 *****900.00 *****900.00
			\$168

8. Name and Address of Current Registered Agent

REISMAN, STEPHEN H ESQ 1 SE 3RD AVE., #2000 # 305 6 **MIAMI FL 33131**

9. Name and Address of New Registered Agent

Suite, Apt. #, Etc.

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.

ovided for in chapter 607 or 617, F.S. I further certify that when filing 11. I certify that I am an officer or director or the receiver or trustee empowered to execute the 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.

CR2E040 (8/01)