


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <p>97 FEB -5 AM 11:41</p> <p>SECRETARY OF STATE TALLAHASSEE FLORIDA</p>																													
<p>DOCUMENT # <u>F9500000 4738</u></p> <p>1. Corporation Name ICP MIAMI I CORP.</p>		<p>REINSTATEMENT 96-97 AD</p>		<p>DO NOT WRITE IN THIS SPACE</p>																													
<p>Principal Place of Business Miami, Florida</p>		<p>Mailing Address c/o Fortis, Inc. One Chase Manhattan Plaza New York, NY 10005 Attn: James Brinkerhoff</p>		<p>4. Date Incorporated or Qualified Do Business in Florida Sept. 28, 1995</p>																													
<p>2. New Principal Office Address, If Applicable Suite, Apt. #, etc.</p>		<p>3. New Mailing Address, If Applicable c/o Fortis, Inc. Attn: J. Sheehan Suite, Apt. #, etc.</p>		<p>5. FEI Number 13-2852607</p>																													
<p>City & State New York, New York</p>		<p>City & State New York, New York</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>Zip 10005</p>		<p>Country USA</p>		<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 40%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Director</td> <td>Allen R. Freedman</td> <td>Fortis, Inc. One Chase Manhattan Plaza</td> <td>New York, NY 10005</td> </tr> <tr> <td>Director</td> <td>H. Carroll Mackin</td> <td>Fortis, Inc. One Chase Manhattan Plaza</td> <td>New York, NY 10005</td> </tr> <tr> <td>President</td> <td>Martin S. Orland</td> <td>Fortis, Inc. One Chase Manhattan Plaza</td> <td>New York, NY 10005</td> </tr> <tr> <td>V.P.</td> <td>James J. Brinkerhoff</td> <td>Fortis, Inc. One Chase Manhattan Plaza</td> <td>New York, NY 10005</td> </tr> <tr> <td>Secretary</td> <td>John F. Sheehan</td> <td>Fortis, Inc. One Chase Manhattan Plaza</td> <td>New York, NY 10005</td> </tr> <tr> <td>Treasurer</td> <td>Barbara Hege</td> <td>Fortis, Inc. One Chase Manhattan Plaza</td> <td>New York, NY 10005</td> </tr> </tbody> </table>		Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Director	Allen R. Freedman	Fortis, Inc. One Chase Manhattan Plaza	New York, NY 10005	Director	H. Carroll Mackin	Fortis, Inc. One Chase Manhattan Plaza	New York, NY 10005	President	Martin S. Orland	Fortis, Inc. One Chase Manhattan Plaza	New York, NY 10005	V.P.	James J. Brinkerhoff	Fortis, Inc. One Chase Manhattan Plaza	New York, NY 10005	Secretary	John F. Sheehan	Fortis, Inc. One Chase Manhattan Plaza	New York, NY 10005	Treasurer	Barbara Hege	Fortis, Inc. One Chase Manhattan Plaza	New York, NY 10005
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<p>8. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324</p>		<p>9. Name and Address of New Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">800002078888--3</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td>-02/05/97--01084--002</td> </tr> <tr> <td>Suite, Apt. #, Etc.</td> <td>*****52.50 *****52.50</td> </tr> <tr> <td>City</td> <td>800002078888--3</td> </tr> <tr> <td></td> <td>-02/05/97--01084--001</td> </tr> <tr> <td></td> <td>****915 STN 2 *****915.00</td> </tr> <tr> <td></td> <td>FL</td> </tr> </table>				Name	800002078888--3	Street Address (P.O. Box Number is Not Acceptable)	-02/05/97--01084--002	Suite, Apt. #, Etc.	*****52.50 *****52.50	City	800002078888--3		-02/05/97--01084--001		****915 STN 2 *****915.00		FL														
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<p>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.</p> <p>Signature of Registered Agent <u><i>Conie Bryan</i></u> ANNIE BRYAN SPECIAL ASSISTANT SECRETARY Date <u>2/5/97</u></p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lead the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																	
<p>SIGNATURE: <u><i>John F. Sheehan</i></u></p>		<p>John F. Sheehan, Secretary</p>		<p>1-30-97 (212) 859-7189</p>																													
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date</p>		<p>Daytime Phone #</p>																													

CR20040 (12/95)