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PLEASE

ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hoac**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2004 FEB 25 PM 2:02

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004093

Name and Mailing Address

0004860 01 AT 0.292 \*\*AUTO TO 0 0615 33025-391651



TARGET SPORTS AND RECREATION CAMERAS, L.L.C.  
3451 EXECUTIVE WAY  
MIRAMAR FL 33025-3916



2. New Mailing Address <b>3350 SW 148 Avenue, Suite 110</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Miramar, FL 33027</b>		5. Date Organized or Qualified To Do Business in Florida <b>02/20/2002</b>	
Principal Place of Business <b>3451 EXECUTIVE WAY MIRAMAR FL 33025</b>	3. New Principal Place of Business Address  City, State, Zip	6. FEI Number <b>01-0665092</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
8. Name and Address of Current Registered Agent <b>MALE, MICHAEL H ESQ. MICHAEL H. MALE, P.A. 3250 MARY ST., STE. 303 MIAMI FL 33133</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
10. I, being appointed as <u>REGISTERED AGENT</u> of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>[Signature]</u> <b>REQUIRED</b> Date <b>1/23/04</b> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TARGET MANAGEMENT, INC.	31 MILLSTONE RD.	WILTON CT 06897
MGR	OPORTO CAMERAS INVESTORS, INC.	3451 EXECUTIVE WAY	MIRAMAR FL 33025
MGRM	ICON Holdings, LLC	3350 SW 148 Ave, Suite 110	Miramar, FL 33027
		800027711398 01/28/04--01022--004 **150.00	
		800027711398 02/25/04--01016--015 **50.00	
<b>REINSTATEMENT</b>		<b>2003-04</b>	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.			
Signature of Managing Member/Manager <u>[Signature]</u> <b>SIGNATURE REQUIRED</b>		Date	Daytime Phone #
Typed or printed name of signing Managing Member/Manager			

CR2E014 (7/03)