02/14/2005 MON 12:20 FAX

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36627

1. Corporation Name
L36627
KARP IC HOLDINGS, INC.

REINSTATEMENT 97-05

2. Principal Office Address		3. Mailing Office Address	
8100 SW 10th Street		555 Pleasantville Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2000		Suite 160 South	
City & State		City & State	
Plantation, FL		Briarcliff Manor, NY	
Zip	Country	Zip	Country
33324-3218		10510	USA

4. Date Incorporated or Qualified To Do Business in Florida 12113189

5. FEI Number 650158072 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0523, F.S.

Signature of Registered Agent Michael J. Mitchell Vice President Date 2/14/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Michael Karp	8100 SW 10th Street, Suite 2000	Plantation, FL 33324-3218
Dir.	Michael Karp	8100 SW 10th Street, Suite 2000	Plantation, FL 33324-3218

10. 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: _____ 2/14/05 800-474-4199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MW

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

KARP IC HOLDINGS, INC.

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