

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 23 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40226**

1. Corporation Name

**ASSOCIATION OF INDEPENDENT COMMERCIAL
PRODUCERS, INC**

REINSTATEMENT
300025720943

12/23/03--01015--022 **665.00

06-03

2. Principal Office Address

1655 Drexel Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Zip

33139

Country

USA

Zip

Country

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

09/10/1990

5. FEI Number

65-0287664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Massimo Martinotti

Street Address (P.O. Box Number is Not Acceptable)

1655 Drexel Avenue

Suite, Apt. #, Etc.

203

City

Miami Beach

State

FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **12/17/03**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Massimo Martinotti	1655 Drexel Avenue #203	Miami Beach, FL 33139
VP	Mo Fitzgibbon	1019 Kane Concourse #201	Bay Harbor Islands, FL 33154
T	Keith Rouse	25 NW 104 Street	Miami Shores, FL 33150
S	Glenn Newland	1998 NE 150 Street	North Miami, FL 33181
			12/26

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/03
Date

305 538 2622
Daytime Phone #

CR2E081 (10/02)