

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 13 PM 4:19

DOCUMENT # *P00000021541*

1. Corporation Name

ICON EVENT MANAGEMENT INC

000033432820
04/21/04--01028--020 **600.00

2. Principal Office Address

1921 Rhonda drive

Suite, Apt. #, etc.

Tallahassee FL

City & State

Zip

32303

Country

3. Mailing Office Address

Post office box 20006

Suite, Apt. #, etc.

Tallahassee FL

City & State

Zip

32303

Country

REINSTATEMENT

01-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650983391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jason Silva

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

1921 Rhonda drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

April 12, 04

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

CEO

JASON SILVA

(See Above)

CORICHR

CORINAM

CORU filing

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfied by the corporation have been paid and the names of individuals listed on this form do not qualify for on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 04, 04

Daytime Phone #

850 980 6544

CR2E081 (9/01)

FS 272

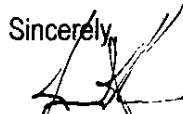
ICON EVENT MANAGEMENT

To Whom It May Concern:

I recently have been interested in reincorporating my business, Icon Event Management. The company has lain dormant since 2000. I have moved twice since that year and never received any communication concerning the filing of any annual reports. Therefore, I believe that the penalty fee of 600 dollars should be waved.

Please contact me if you have any questions. Thank you for your time

Sincerely,



Jason Silah
Icon Event Management