PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION |
|---------------------------|
| FOR |
| REINSTATEMEN ^T |



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P00000025091 **DOCUMENT #**

1. Corporation Name

INTEGRATED CIRCUITS AND SYSTEMS, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

6629 WINDER OAKS BLVD. ORLANDO FL 32819

2. New Principal Office Address, If Applicable

6629 WINDER OAKS BLVD. ORLANDO FL 32819

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

04 DEC 30 AM 8: 00

REINSTATEMENT 02-04



| | | | | alling Office Address, If Applicable | | Date Incorporated or Qualified To Do Business in Florida 03/06/2000 | | |
|---|--------------------------------------|---------------------------|----------------------|---|--|---|---|-----------------------|
| Suite, Apt. #, etc. Suite, Apt. #, | | | etc. | | 5. FEI Number Applied For | | | |
| City & State City & State | | | | | - F0-2604407 | | Not Applicable | |
| Zip Country Zip | | | Zip | | Country | 6. CERTIFICATE | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status | |
| 7. Names a | and Street Ad | dresses of Each Officer | and/or Director (Flo | rida nonprof | it corporations must list at | least 3 directors) | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | |
| PRES | ISLAM, MOHAMMED D MR. | | | 6629 WINDER OAKS BLVD. | | - | ORLANDO FL 32819 | |
| VP | SULTANA, FAHMIDA | | | 6629 WINDER OAKS BLVD. | | | ORLANDO FL 32819 | |
| | <u> </u> | , | | | | | | |
| | | | | | | | 0004374 0/0401044(| 8267 009 **1000.00 |
| | | | | | 71 | 0004374 | 8267 | |
| : | | | | | | 12/3 |)/0401044i | JIU **5U.UU |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | |
| | _ | | | - | Name | | | |
| ISLAM, MOHAMMED D 6629 WINDER OAKS BLVD. | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| ORLANDO FL 32819 | | | | | Suite, Apt. #, E | tc. | | |
| | | | | | City | | | State Zip Code |
| 10. I, being | appointed th | e registered agent of the | above named corp | oration, am f | amiliar with and accept the | obligations of Sect | ion 607.0505, F.S. or 617 | .0505, F.S. |

11. 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 of Registered Agent

SIGNATICAREQUIRED

Date 11-30-04

- 30 - 04 Daytime Phone # 3897