

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 23 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000036627

1. Corporation Name
ICART CORPORATION

2. Principal Office Address
3003 Tamiami Trail N.

Suite, Apt. #, etc.
#300

City & State
Naples, Fl.

Zip
34103

3. Mailing Office Address
3003 Tamiami Trail N.

Suite, Apt. #, etc.
#300

City & State
Naples, Fl.

Zip
34103

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida **4-11-00**

5. FEI Number **59-3638073**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Norma Vincent

Street Address (P.O. Box Number is Not Acceptable)
3003 Tamiami Trail North

Suite, Apt. #, Etc.
#300

City
Naples

900005981119-1
FL 341025/02--01070--017

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 *Norma Vincent* Date 5/19/02
REGISTERED AGENT MUST SIGN

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
D/P/S	Christian Heise	3003 Tamiami Trail #300	Naples, Fl. 34103
D/VP	Isgard Heise	3003 Tamiami Trail #300	Naples, Fl. 34103

900005981119-1
-06/25/02--01070--018
*****50.00 *****50.00

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: *Christian Heise*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____