

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000070433

1. Corporation Name

Integrated Custom Machines, Corp.

REINSTATEMENT 04-06

2. Principal Office Address

14921 SW 82nd. Lane

3. Mailing Office Address

Suite, Apt. #, etc.
507

Suite, Apt. #, etc.

City & State
Miami, FL.

City & State

Zip
33193

Country
USA

Zip

Country

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

07/24/2000

5. FFL Number

65-1028618

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
Sylvia Vallecillo

Street Address (P.O. Box Number is Not Acceptable)
14921 SW 82nd. Lane

Suite, Apt. #, Etc.
507

City
Miami

State
FL

Zip Code
33193

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 07-05-2006

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
PSTD	Sylvia Vallecillo	14921 SW 82nd. Lane # 507	Miami, FL. 33193

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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 contained in Chapter 119, 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

07-05-2006

Date

Daytime Phone #

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INTEGRATED CUSTOM MACHINES, CORP.
14921 S.W. 82nd Lane # 507
Miami, FL. 33193

July 5th , 2006

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL. 32314

Re: Reinstatement of Integrated Custom Machines, Corp.
Document No.: P00000070433

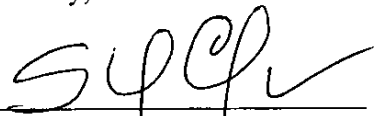
Dear Sir or Madam:

The purpose of this letter is to request that the reinstatement fee be waived since our corporation changed address on or about April 2004. We sent the change of address information to the US Postal Service and we did not understand why you did not receive it.

It was until recently that we discovered that our corporation was administratively dissolved, and for that reason we are requesting that you reconsider the above stated circumstances above our control.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Silvia Vallecillo