

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093859

1. Corporation Name

INTERNATIONAL CONSTRUCTION & ENGINEERING, INC.

Principal Place of Business

2190 COLUMBIA BLVD  
TITUSVILLE FL 32780

Mailing Address

2190 COLUMBIA BLVD  
TITUSVILLE FL 32780

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KREINER, CELESTE R	2180 COLUMBIA BLVD	TITUSVILLE FL 32780
D	KRZYWICKI, LESA A	2160 COLUMBIA BLVD	TITUSVILLE FL 32780
D	KREINER, JONATHAN S	2180 COLUMBIA BLVD	TITUSVILLE FL 32780
D	KRZYWICKI, TERRY L	2160 COLUMBIA BLVD	TITUSVILLE FL 32780

000008778860  
11/04/02--01041--022 \*\*150.00

8. Name and Address of Current Registered Agent

KREINER, CELESTE R  
2180 COLUMBIA BLVD  
TITUSVILLE FL 32780

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Celeste Kreiner*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/27/02

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:

*Terry L Krzywicki*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/02

Daytime Phone #

321-267-4022

*214/12*



October 23, 2002

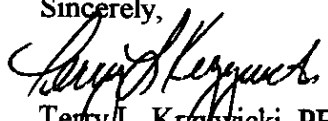
Division of Corporations  
Department of State  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please find enclosed the completed application for reinstatement and the filing fee of \$150.00.

We request a waiver of the reinstatement fee penalty since we did not receive the two prior uniform business report (UBR) notices.

Sincerely,

  
Terry L. Kreywicki, PE  
Chief Executive Officer