

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 OCT 25 PM 1:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000107357

1. Corporation Name  
**INNOVATIVE CARTRIDGE PRODUCTS, INC.**

Principal Place of Business: 627 WEYBRIDGE COURT, LAKE MARY FL 32746

Mailing Address: P.O. BOX 950956, LAKE MARY FL 32795



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/2001

5. FEI Number: 59-3758357

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SYLVIA, PAMELA A	P.O. BOX 950956	LAKE MARY FL 32795

*PR 10/25*

200008581652  
 10/25/02--01008--015 \*\*150.00

8. Name and Address of Current Registered Agent

SYLVIA, PAMELA A  
 627 WEYBRIDGE COURT  
 LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code  
 FL

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: *[Signature]* REGISTERED AGENT MUST SIGN

Date: 10/21/02

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: *[Signature]* PAMELA A SYLVIA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/21/02 Daytime Phone #: 407-323-8283

CR2E040 (8/02)

# Innovative Cartridge Products, Inc

"Helping Mother Earth...one cartridge at a time!"

PO Box 950956

Lake Mary, FL 32795

October 21, 2002

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

To Whom It May Concern:

I am in receipt of a notice that my corporation, Innovative Cartridge Products, Inc, has been dissolved or revoked as of October 4, 2002. I was not aware of the fees owed in relation to the UBR, nor have I received notice of this in the past.

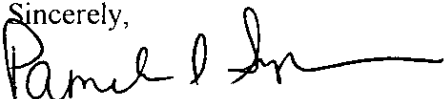
Both the mailing and principal place of business addresses are correct on the attached form, however, I have not received prior notification, to this date, of the fees owed to the Florida Division of Corporations. I own a new corporation, and am just getting off of the ground. I have been incorporated since October 16, 2001; however, have not done a great deal of business until as late as May of this year.

I will be happy to pay the necessary fees owed in order to reinstate my active status. I have not received prior notices, or I would have gladly paid the original \$150.00 for the UBR. I am a small business with little capital, and \$750.00 is a large sum of money at this time. However, if I need to pay this full amount, I will find some way of doing so.

I have enclosed \$150.00 per the recorded message at 850-245-6059. Please notify me as soon as possible in regards to this matter. I am very concerned, as I have just begun to build a name for myself with my customers and vendors.

Thank you for your assistance in this situation. I can be reached at 407-323-8283 from 9:00 am to 5:00 pm Monday through Friday.

Sincerely,



Pamela A. Sylvia, President  
Innovative Cartridge Products, Inc