

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 17 AM 8:00

DOCUMENT # P02000019065

1. Corporation Name

ICOMEG, INC.

100036520791
05/17/04--01069--008 **300.00

REINSTATEMENT 03-04

2. Principal Office Address

780 N.W. 42 AVENUE

3. Mailing Office Address

780 N.W. 42 AVENUE

Suite, Apt. #, etc.

SUITE 516

Suite, Apt. #, etc.

SUITE 516

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33126

Country

Zip

33126

Country

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

5. FEI Number
01-0598337

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

AURELIO A PIEDRA CPA

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

780 NW 42 AVENUE

Suite, Apt. #, Etc.

SUITE 516

City

MIAMI

State
FL

Zip Code
33126

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

REGISTERED AGENT MUST SIGN

Date

4/30/04

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	AURELIO A PIEDRA	780 NW 42 AVENUE SUITE 516	MIAMI, FL 33126

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-04 305 443 7122

Daytime Phone #

CR2E081 (01/04)

292

VARGAS, PIEDRA & CO.
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS
AMERICAN AND FLORIDA
INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516
LE JEUNE CENTRE
780 N.W. LE JEUNE ROAD
MIAMI, FLORIDA 33126
TELEPHONE
(305) 443-7122

May 13, 2004

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

RE: ICOMEG, INC. 2003UBR
DOCUMENT NO: F02000019065

As per our telephone conversation, I am enclosing the reinstatement form for the above mentioned company. Apparently we have not received the annual reports for the company because the mailing address you have is 780 NW Le Jeune Rd. Miami, FL 33126. The correct address is similar but is 42nd Avenue and is Suite 516. Please abate the penalties.

Thanking you in advance.

Sincerely,



Dairis Estrada
Office Manager