PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 AM 8:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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11/10/03--01113--008 **750.00

DOCUMENT # P02000019341

1. Corporation Name

I-Comm Systems, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
6075 Waterwood Trail		6075 Waterwood Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Bartow, Florida		Bartow, Florida	
Zip	Country	Zip	Country
33830	USA	33830	USA

4. Date Incorporated or Qualified To Do Business in Florida 2/20/2002

5. FEI Number 01-0601713 ☐ 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: Jason Hibbard

Street Address (P.O. Box Number is Not Acceptable): 6075 Waterwood Trail

Suite, Apt. #, Etc.:

City: Bartow | State: FL | Zip Code: 33830

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 _____ Date 11/6/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres.	Juliann Hibbard	6075 Waterwood Trail	Bartow, FL 33830
V/S/T	Jason Hibbard	6075 Waterwood Trail	Bartow, FL 33830

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: _____ Jason Hibbard 11/6/03 863-559-9022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #