

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 30 PM 11:54

NEW JERSEY STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000105050**

1. Corporation Name

**IDEAS CONCEPTS INSIGHTS, INC**

2. Principal Office Address

**2915A 39TH AVE. W.**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**BRADENTON FL.**

City & State

**SAME**

Zip

Country

**34205**

**MANATEE**

Zip

Country

**11**

**11**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/30/02**

5. FEI Number

**# 32-0033568**

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$4.75. A fee of \$4.75 is required for a Certificate of Status.

**7. Name and Address of Current Registered Agent**

Name

**DANE CHARLES**

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

**2915A 39TH AVE. W.**

Suite, Apt. #, Etc.

City

**BRADENTON**

State

**FL**

Zip Code

**34205**

**REINSTATEMENT**

*[Handwritten signature]*

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

*[Handwritten signature]*

Date

**12-22-05**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>PRES.</b>	<b>DANE CHARLES</b>	<b>2915A 39TH AVE. W.</b>	<b>BRADENTON, FL. 34205</b>

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:

*[Handwritten signature]*

**DANE CHARLES**

**12-22-05**

**941-739-0145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten signature]*

ICI, Inc.

12/27/05

To Whom It May Concern:

ICI, Inc.,

Was wiped out by a hurricane and never received the report for 2003 or the second notice. We were told to send in this letter along with 450 (in)

We also now have a new address stated in the reinstatement form.

We apologize for any delays.

Best regards,

Dane Charles  
President  
ICI, Inc.

A handwritten signature in black ink, appearing to read "Dane Charles", written in a cursive style.