

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 AUG -2 PM 12:15

SECRET
TALLAHASSEE, FL



07152005 REIN-P CR2E098 (6/04)

DOCUMENT # P02000112114					
1. Entity Name IC, INC.					
Principal Place of Business 7451 NW 16 ST APT 101 PLANTATION, FL 33313			Mailing Address 7451 NW 16 ST APT 101 PLANTATION, FL 33313		
2. Principal Place of Business 14575 DRAFT HORSE LN. Suite, Apt. #, etc. WELLINGTON, FL. City & State		3. Mailing Address 14575 DRAFT HORSE LN. Suite, Apt. #, etc. WELLINGTON, FL City & State		4. FEI Number 05-0536737 Applied For <input type="checkbox"/> Not Applicable	
Zip 33414	Country U.S.A.	Zip 33414	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGARITA, JOSE A 7451 NW 16TH APT. 101 PLANTATION, FL 33313			7. Name and Address of New Registered Agent Name: JOSE A. ANGARITA Street Address (P.O. Box Number is Not Acceptable) 14575 DRAFT HORSE LN. City: WELLINGTON FL Zip Code: 33414		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: JOSE A. ANGARITA (NOTE: Registered Agent signature required when reinstating) DATE: 07/27/2005					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANGARITA, JOSE A 7451 NW 16 ST APT 101 PLANTATION, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOSE A. ANGARITA 14575 DRAFT HORSE LN. WELLINGTON, FL. 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: JOSE A. ANGARITA			Date: 07/27/2005 561-8833367		