

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 27 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123720

1. Corporation Name

Information Channel Group, Inc.

2. Principal Office Address

2919 Harris Drive

3. Mailing Office Address

PO Box 680522

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West

City & State

Park City

Zip

FL

Country

33040

Zip

UT

Country

84068-0522

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/02

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03

7. Name and Address of Current Registered Agent

Name

Erik D. Hutchins

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

2919 Harris Drive

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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 10/23/03

REGISTERED AGENT MUST SIGN

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
D	Erik D. Hutchins	2919 Harris Drive	Key West, FL 33040
T	Mike DeRoche	14 Spoonbill Way	Key West, FL 33040

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)(f), 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:

Erik D. Hutchins

10/23/03

435-731-0234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (11/02)

10/25