


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>PO30000044875</u> 1. Corporation Name <b>I.C. CABLE INC.</b>			
<b>2. Principal Office Address</b> <b>1730 17TH WAY</b> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <b>1730 17TH WAY</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> <b>WEST PALM BEACH</b>		<b>City &amp; State</b> <b>WEST PALM BEACH</b>	
<b>Zip</b> <b>33407</b>	<b>Country</b>	<b>Zip</b> <b>33407</b>	<b>Country</b>

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SECRET  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b>	<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$3.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>REGINALD S NEAL</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1730 17TH WAY</b>	
Suite, Apt. #, Etc.	
City <b>WEST PALM BEACH</b>	State <b>FL</b> Zip Code <b>33407</b>

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 Reginald S. Neal  
 REGISTERED AGENT MUST SIGN
Date 08/29/2006

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	REGINALD S NEAL	1730 17TH WAY	WEST PALM BEACH, FL 33407

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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 contained in Chapter 119, 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: Reginald S. Neal  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/2006 561-255-4305

Date Daytime Phone #

DATE: Tuesday, August 29, 2006

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

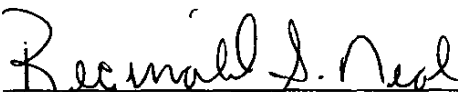
FROM: REGINALD S NEAL  
I.C. CABLE INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY  
MAIL.

PLEASE FILE OUR ANNUAL REPORT AND DO **NOT** CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561-255-4305

THANKS,

x   
REGINALD S NEAL, DIRECTOR  
I.C. CABLE INC.