


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000049209		
1. Entity Name U.S. ICON CORPORATION		

FILED  
05 OCT 12 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2000 PALM BEACH LAKES BLVD. SUITE 777 WEST PALM BEACH, FL 33409	Mailing Address 2000 PALM BEACH LAKES BLVD. SUITE 777 WEST PALM BEACH, FL 33409
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2. Principal Place of Business 1551 Forum Place Suite, Apt. #, etc. 300 E City & State West Palm Beach FL Zip 33401 Country Palm Beach	3. Mailing Address 1551 Forum Place Suite, Apt. #, etc. 300 E City & State West Palm Beach FL Zip 33401 Country Palm Beach
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10102005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent AINSLEY, CLAUDIA 2000 PALM BEACH LAKES BLVD SUITE 777 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number  
06-1693603  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$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	DIR AINSLEY, CLAUDIA 2000 PALM BEACH LAKES BLVD SUITE 777 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060548450 10/12/05--01049--006 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_