

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000089800 1. Entity Name ICF GP, INC.						FILED 05 OCT 10 AM 11:09 SECRET STATE TREASURY	
Principal Place of Business 2000 PGA BOULEVARD SUITE 2202 NORTH PALM BEACH, FL 33408				Mailing Address 2000 PGA BOULEVARD SUITE 2202 NORTH PALM BEACH, FL 33408			
2. Principal Place of Business Suite Apt #, etc		3. Mailing Address Suite Apt #, etc					
City & State		City & State		4. FEI Number 20-0678065		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, ALISON W 2200 MUSEM TOWER 150 WEST FLAGLER ST. MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Ira C. Fenton Street Address (P.O. Box Number is Not Acceptable) 2000 PGA Blvd. Suite 2202 North Palm Beach, FL 33408 City North Palm Beach FL Zip Code 33408			
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: (NOTE: Registered Agent signature required when reinstating) DATE:							
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FENTON, IRA C <input type="checkbox"/> Delete 2000 PGA BOULEVARD SUITE 2202 NORTH PALM BEACH, FL 33408			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10006045826 10/11/05--01002--002 ***750.00		
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 REINSTATEMENT 05		
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:				IRA C. FENTON 561-630-5116			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			