

PLEASE READ ALL INSTRUCTIONS BEFORE C

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN 14 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000098477

1. Corporation Name

Icon 607 Corporation

W10 — 1607

2. Principal Office Address - No P.O. Box #

560 Ridgewood Road

Suite, Apt. #, etc.

3. Mailing Office Address

7660 SW 83 Court

Suite, Apt. #, etc.

City & State

Key Biscayne-FI

City & State

Miami-FI

Zip

33149

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07-13-2005

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Claudia Czetyrko

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

7660 SW 83 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Claudia Czetyrko*

REGISTERED AGENT MUST SIGN

Date 1-12-10

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	Cardetti, Martin	Obispo Terreno 2981	San Isidro-Argentina 1642

500166004755  
01/14/10--01003--010 \*\*150.00

10. E-mail Address: Claudiacpa@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Claudia Czetyrko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-10 308 293 688