

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000044096

1. Corporation Name

ICON 4203 CORP.

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

5266 NW 114TH. AVE.

Suite, Apt. #, etc.

305

City & State

DORAL, FL

Zip

33178

Country

USA

3. Mailing Office Address

5266 NW 114TH. AVE.

Suite, Apt. #, etc.

305

City & State

DORAL, FL

Zip

33178

Country

USA

7. Name and Address of Current Registered Agent

Name

MARIA M. HERRERA

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

5266 NW 114TH. AVE.

Suite, Apt. #, Etc

305

City

DORAL

State

FL

Zip Code

33178

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

REGISTERED AGENT MUST SIGN

Date 01/22/2010

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
PSD	MARIA M. HERRERA	5266 NW 114TH. AVE. #305	DORAL, FL 33178

10. E-mail Address: amoreno@wxccorp.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2010

Date

Daytime Phone #

FILED

10 JAN 27 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

000167362740

01/27/10--01/27/10 (1/09)**450.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/2007

5. FEI Number

20-8807985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.