

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RECEIVED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

\$375.00

FILED

1996 NOV -8 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #93000065716

1. Corporation Name

ICES Group, Inc.

Principal Place of Business

Mailing Address

200002005382--1
-11/15/96--01009--005
***375.00 ***375.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1993

Suite, Apt. #, etc.

9331 Fowler Ave. E

Suite, Apt. #, etc.

P.O. Box 290183

City & State

Tallahassee, FL

City & State

Tampa, FL

Zip

33592

Country

Zip

33687

Country

Hill.

5. FEI Number

543266954

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|---------------------------|
| 1 | 2 | 3 | 4 |
| PD | KELLY, KURTIS K. | 8607 ANGERS PT. DR. Temple Terrace, FL. | Temple Terrace, FL. 33637 |
| VP-D | MAGGARD, E. GRADY | 37518 GINGER RD | Zeeland, FL. 33541 |
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| | | | |
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REINSTATEMENT

8. Name and Address of Current Registered Agent

KELLY, KURTIS K.

9. Name and Address of New Registered Agent

Name

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

8607 Angers Pt. Dr.

Suite, Apt. #, Etc.

City

Temple Terrace

State

FL

Zip Code

33637

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Kurtis Kelly

REGISTERED AGENT MUST SIGN

Date Nov. 6, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Kurtis K. Kelly, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

11-6-96 (B13) 986-0902