

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 DEC -2 PM 1:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024339**

1. Corporation Name

ICP2, INC.

Principal Place of Business

Mailing Address

P.O. BOX 560279  
 ORLANDO FL 32856-0279

P.O. BOX 560279  
 ORLANDO FL 32856-0279

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT** 99

4. Date Incorporated or Qualified To Do Business In Florida

03/30/1994

5. FEI Number

13-3798330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	COHEN, MARK B	677 WASHINGTON BLVD	STAMFORD CT 06912
V	MATTON, PETER V	677 WASHINGTON BLVD	STAMFORD CT 06912
V	ROCHE, WILLIAM A	677 WASHINGTON BLVD	STAMFORD CT 06912
TS	FREILICH, PAUL A	677 WASHINGTON BLVD	STAMFORD CT 06912
V	FRIEDRICH, HENRY	677 WASHINGTON BLVD	STAMFORD CT 06912
V	BUERGLER, MARCUS U	677 WASHINGTON BLVD	STAMFORD CT 06912

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, H W JR  
 4900 FIRST UNION FINANCIAL CENTER  
 200 S BISCAYNE BOULEVARD  
 MIAMI FL 33131

Name  
**K. Lawrence Gragg**  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc. **500003064675--1**  
 City **MIAMI** State **FL** Zip Code **33131**  
**500003064675--1**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.062, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 of Registered Agent K. Lawrence Gragg  
 REGISTERED AGENT MUST SIGN

Date 11/29/99 Fee 750.00

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 807 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Ma A Bluh  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/29/99 Daytime Phone # (203) 771-1261

CR2E040 (8/99)