

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 1:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024341**

1. Corporation Name

ICP1, 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/30/1994	
City & State		City & State		5. FEI Number	
Zip		Country		13-3799327	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				Applied For	
				Not Applicable	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required for a Certificate of Status	

REINSTATEMENT 99

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	FRELICH, PAUL A	677 WASHINGTON BLVD.	STAMFORD CT 06912
V	FRIEDRICH, HENRY P	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 33131-2352		Name K. Lawrence Gragg Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 400003064684--4 City 400003064684--4	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: K. Lawrence Gragg Date: 12/1/99

REGISTERED AGENT MUST SIGN

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 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: Mark Bluh Date: 11/29/99 Daytime Phone #: (205) 719-1261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

CR2E040 (8/99)