

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 P.O. BOX 560279 ORLANDO FL 32856-0279	Mailing Address P.O. BOX 560279 ORLANDO FL 32856-0279
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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

4. Date Incorporated or Qualified To Do Business in Florida <b>03/30/1994</b>	
5. FEI Number <b>13-3799327</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	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

**WALKER, H W JR**  
 4900 FIRST UNION FINANCIAL CENTER  
 200 S BISCAYNE BOULEVARD  
 MIAMI FL 33131-2352

9. Name and Address of New Registered Agent

Name  
**K. Lawrence Gragg**  
 Street Address (P.O. Box Number is Not Acceptable)  
**400003064684--4**  
 Suite, Apt. #, Etc.  
**-12/08/99--01067--009**  
 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* REGISTERED AGENT MUST SIGN  
 Date: 12/1/99

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* 11/29/99 (205) 719-1261  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CR2E040 (8/99)