

APPLICATION FOR REINSTATEMENT FOR 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

97 FEB -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Head Office, Branch or Other State Before Making Entry.
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P94000085417

ICC, INC.
3255 Medula Road #101
Lakeland, FL 33811

2. If Address is Being Changed, Indicate the correct address below. The amendment is not necessary if the correct address is being filed.

Address
3612 Ventura Drive East

Address
City and State
Lakeland, FL

Zip Code
33811

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

3. Date Incorporated or Qualified To Do Business in Florida 11-23-94

4. FEI Number 59-3280024

FEI Number Applied For
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
P	JAMES H. SHIRKEY	3612 Ventura Drive East	Lakeland, FL 33811
D	JAMES H. SHIRKEY	3612 Ventura Drive East	Lakeland, FL 33811
S	JAMES H. SHIRKEY	3612 Ventura Drive East	Lakeland, FL 33811
T	JAMES H. SHIRKEY	3612 Ventura Drive East	Lakeland, FL 33811

This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

JAMES H. SHIRKEY
3612 Ventura Drive East
Lakeland, FL 33811

7. Name and Address of New Registered Agent

Name
500002110255--8
-03/11/97--01114--010
Street Address (Do NOT Use P.O. Box Numbers) ***531.25 ***531.25
Street Address (Do NOT Use P.O. Box Numbers)
500002110255--8
-03/11/97--01114--011
City and State
***383.75 ***383.75
FL.

8. 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

James H. Shirkey

Date 1/27/97

REGISTERED AGENT MUST SIGN

9. 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 of Officer or Director

James H. Shirkey

Date 1/27/97

Phone # (941) 647-5885

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

See 27. Additional Fee
required for a
Certificate of Status.