

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moulthan
Secretary of State
TALLAHASSEE, FLORIDA 32301

FILED

97 AUG 27 AM 7:55

①

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000049797

Corporation Name
IC 2 SOLUTIONS INC.

(FORMERLY LITIGATION MANAGEMENT SYSTEMS INC.)

Principal Office Address: 3706 N. OCEAN BLVD FT. LAUDERDALE, FL 33308
 Other Office Address: 900 HADDON AVE. SUITE 110 COLLINGSWOOD, NJ 08108-2110

If above addresses are incorrect, or if you have more correct information and enter correct information below:

1. Date incorporated or qualified to do business in Florida: 6/26/95
 2. FEI Number: 65-0590758
 3. Applied For: Not Applicable
 4. 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 (Do not include non-profit corporations, and list at least 3 directors)

1 Title(s)	2 Name of Officer and/or Director	3 Street Address of Each Officer and/or Director (Do NOT list Post Office Box Numbers)	4 City, State, Zip
PRES.	JAMUEL M. BRAINT	437 CHASTANT ST #705 PHILA PA 19106	PHILA PA 19106
TREAS.	STEVEN A. JONES	545 NEWTON LAKE DRIVE CAKLYN PA 08107	CAKLYN PA 08107
SECT.	TIMOTHY P. SCHIRASKE	258 KAREN DRIVE WILIAMSTON NT 08094	WILIAMSTON NT 08094

8. Name and Address of Current Registered Agent

DEMOS, ANGELO P.
1801 BRICKELL AVENUE
SUITE 1900
MIAMI, FL 33131

9. Name and Address of New Registered Agent

NAME CORPORATION SERVICE COMPANY
 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
 City Tallahassee
 State FL Zip Code 32301
 Date 8-27-97

10. Being appointed the registered agent of the above named corporation, you familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: Karen B. Rozar
 REGISTERED AGENT MUST SIGN
 Name: Karen B. Rozar, As Its Agent
 Date: 8-27-97

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 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: Daniel R. Pitt Daniel R. Pitt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daniel R. Pitt
 Date: 8/27/97
 Daytime Phone #: 215-627-7188

CR26040 (1-2796)