

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR **REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra L. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1998 JAN -9 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **095000070747**

1. Corporation Name  
**INVESTORS CAPITAL PROPERTIES INC.**

Principal Place of Business Mailing Address  
**1026 POINSETTIA RD. (SAME)**  
**DELRAY BEACH, FLORIDA**  
**33483**

**300002398063--1**  
**-01/13/98--01038--008**  
**\*\*\*\*343.75 \*\*\*\*343.75**

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 <b>9/15/95</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>11-2741867</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.75 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	BARRY M. COHEN	1026 POINSETTIA RD.	DELRAY Bch, FLA 33483
VP.	FRED WEISBERG	1026 POINSETTIA RD.	DELRAY Bch, FLA. 33483
Sec.	FRED WEISBERG	" "	" "

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BARRY M. COHEN 1026 POINSETTIA RD. DELRAY Bch, FLA. 33483		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. 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 **[Signature]** Date **1/5/98**

REGISTERED AGENT MUST SIGN

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: **Barry M. Cohen**, **Barry M. Cohen** **1/5/98** **(561) 243-9442**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2ED40 (12/96)

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January 5, 1998

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please be advised that represent Investors Capital  
Properties, Inc.

We filed and received a Certificate of Good Standing for the  
above corporation valid through December 31, 1996. In 1997 we  
never got the corporate report due to our change of address.

We would appreciate it very much if you would accept our  
letter and application for reinstatement. We have enclosed  
\$165 for 1997 and \$150 for 1998 corporate filing fees,  
respectively, as well as the \$8.75 for a certificate of good  
standing for 1998.

Thank you for your guidance.

Sincerely,

Barry M. Cohen, President

A handwritten signature in black ink, appearing to read "Barry M. Cohen", with a long horizontal flourish extending to the right.