

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 APR 14 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000070969**

1. Corporation Name

**ICW Entertainment , inc.**

900175654189  
04/14/10--01002--013 \*\*1698.75

**REINSTATEMENT**

05-10

2. Principal Office Address - No P.O. Box #

**354 EAST 83RD STREET**

Suite, Apt. #, etc.

**SUITE L**

City & State

**NEW YORK, N.Y.**

Zip

**10028**

Country

**USA**

3. Mailing Office Address

**PO BOX 1169**

Suite, Apt. #, etc.

City & State

**PORT SALERNO, FL.**

Zip

**34992**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/14/1995**

5. FEI Number  
**650621317**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

**CLAIR, EDWARD J. , JR**

Street Address (P.O. Box Number is Not Acceptable)

**3274 SE JEFFERSON STREET**

Suite, Apt. #, Etc.

City

**STUART**

State

**FL**

Zip Code

**34997**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Edward J. Clair Jr*

REGISTERED AGENT MUST SIGN

Date **4/10/2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| P/T    | CLAIR, EDWARD J. , JR             | 3274 SE JEFFERSON STREET                       | STUART , FL. 34997 |
| VP/S   | CLAIR, KATHERINE W.               | 3274 SE JEFFERSON STREET                       | STUART , FL. 34997 |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

10. E-mail Address: **ed007@aol.com**

(To be used for future annual report notification)

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. I further certify, 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:

*Edward J. Clair Jr*

**Edward J Clair Jr pres.**

**4/10/2010**

**772-286-5214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #