

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071236

1. Corporation Name

I.C.L. HOLDINGS, INC.

Principal Place of Business

Mailing Address

3511 3RD AVENUE EAST  
TAMPA FL 33605  
US

3511 3RD AVENUE EAST  
TAMPA FL 33605  
US



100025256311  
12/05/03--01040--023 \*\*150.00

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

160 Columbia Dr.  
Suite, Apt. #, etc.  
#505

160 Columbia Dr.  
Suite, Apt. #, etc.

City & State  
Tampa FL

City & State  
Tampa FL

Zip  
33606

Country  
USA

Zip  
33606

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1995

5. FEI Number

59-3335466

Applied For

Not Applicable

6. 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 (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WAHLQUIST, MARC	3511 3RD AVE EAST 160 Columbia Dr. Suite 505	TAMPA FL 33605 Tampa, FL 33606

REINSTATEMENT

8. Name and Address of Current Registered Agent

WAHLQUIST, MARC  
3511 3RD AVENUE EAST  
TAMPA FL 33605

9. Name and Address of New Registered Agent

Name  
MARC WAHLQUIST  
Street Address (P.O. Box Number is Not Acceptable)  
160 Columbia Dr. Suite 505  
Suite, Apt. #, Etc.  
#505  
City  
Tampa  
State  
FL  
Zip Code  
33606

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/30/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/03 8132588827

CR2E040 (7/03)

2082

ICL Holdings, Inc.  
160 Columbia Drive #505  
Tampa, FL 33606

November 29, 2003

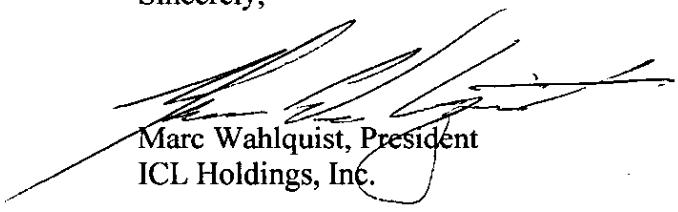
Glenda E. Hood, Secretary of State  
Florida Department of State  
Division of Corporations  
Box 6327  
Tallahassee, FL 32314

Dear Ms Hood:

This is a request to waive the reinstatement fee required with the enclosed application, as we did not receive the uniform business report notices previously sent to the 3511 3<sup>rd</sup> Avenue East address. The tenant occupying that space did not reliably forward mail for ICL Holdings, Inc. Please note the new mailing address for the Registered Agent, which is included on the Application for Reinstatement.

Thank you for your consideration.

Sincerely,



Marc Wahlquist, President  
ICL Holdings, Inc.