

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 12:12

DOCUMENT #P95000086860 (0)

1. Corporation Name

ICC INVESTMENT ADVISORS, INC.

2. Principal Office Address

255 S. Orange Ave.

3. Mailing Office Address

255 S. Orange Ave.

Suite, Apt. #, etc.

Suite, 900

Suite, Apt. #, etc.

Suite, 900

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32801

Country

USA

Zip

32801

Country

USA

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/13/1995

5. FEI Number

59-3352012

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shockley, Frederick J.

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

1530 Via Tuscany Dr.

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code
32789

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

F. J. Shockley

REGISTERED AGENT MUST SIGN

Date

6/1/00

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	Shockley, Frederick J.	1530 Via Tuscany Dr.	Winter Park, FL 32789
D	Brock, David M.	1016 Nancy Circle	Winter Springs, FL 32708
D	Davis, Bryan A.	2845 Rock Springs Rd.	Apopka, FL 32712
V	Lohman, Anita L.	4215 Bell Tower Court	Orlando, FL 32812
D	Thayer, Bronson A.	P.O. Box 429	Thontosassa, FL 33592
V	Lord, Amy A.	8045 Bridgestone Dr.	Orlando, FL 32835

10. 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

F. J. Shockley

Date

6/1/00

Daytime Phone #

800-848-4120