

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 11 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9160000059440
1. Corporation Name
ICM LEASING CORP.

Principal Place of Business Mailing Address
7136 South Military Trail
LAKE WORTH, Florida 33467

REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

IRA FINE
Suite, Apt. #, etc.
7136 S. Military Trail
City & State
LAKE WORTH, FL
Zip
33467 Country
USA

3. New Mailing Office Address, If Applicable

ICM Leasing / OBA General Rental
Suite, Apt. #, etc.
7136 S. Military Trail
City & State
LAKE WORTH, FL
Zip
33467 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/96

5. FEI Number

65-0690141

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	IRA FINE	6831 LAKE ISL. DRIVE	LAKE WORTH, FL 33467
Vice President	CAROL FINE	6831 LAKE ISL. DRIVE	LAKE WORTH, FL 33467

500002619685-2
-08/19/98--01032--005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAROL FINE
6831 LAKE ISLAND DRIVE
LAKE WORTH, FL 33467

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

Carol Fine

REGISTERED AGENT MUST SIGN

Date 7/23/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Carol Fine, CAROL FINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/98
Date

(561) 641-1090
Daytime Phone #