

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 FEB 27 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000084949

1. Corporation Name

ICONNECT INC.

Principal Place of Business

Mailing Address

1175 NE 125TH STREET  
#306  
MIAMI FL 33161  
US

1175 NE 125TH STREET  
#306  
MIAMI FL 33161  
US

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

2. New Principal Office Address, If Applicable

659 N. Biscayne River Dr  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

659 N. Biscayne River Dr  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/1997

5. FEI Number

65-0788419

Applied For

Not Applicable

City & State

Miami Florida

City & State

Miami Florida

Zip

33169

Country

Zip

33169

Country

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
P	RILEY, RONALD	1730 N.E. 138TH STREET	NORTH MIAMI FL 33181

400003811004--1  
-03/07/01--01107--007  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

RILEY, RONALD  
1730 N.E. 138TH STREET  
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

Ronald Riley

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

659 N. Biscayne River Dr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/13/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

Date

305.769.1223

Daytime Phone #