

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  
01 AUG 20 PM 2:54

**DOCUMENT #** P98000057216

1. Corporation Name

Internet Commerce Group, Inc.

700004554857--8  
-08/24/01--01038--015  
\*\*\*1058.75 \*\*\*1058.75

2. Principal Office Address

9567 Lake Douglas Place

Suite, Apt. #, etc.

3. Mailing Office Address

9567 Lake Douglas Place

Suite, Apt. #, etc.

City & State  
Orlando, FL

Zip Country  
32817 US

City & State  
Orlando, FL

Zip Country  
32817 US

**REINSTATEMENT** 99-01

4. Date incorporated or Qualified  
To Do Business in Florida 06/25/1998

5. FEI Number 59-3528828

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Andrew Koval

Street Address (P.O. Box Number is Not Acceptable)  
9567 Lake Douglas Place

Suite, Apt. #, Etc.

City State Zip Code  
Orlando FL 32817

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

*Andrew Koval*  
REGISTERED AGENT MUST SIGN

Date 8/16/01

**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	Andrew Koval	9567 Lake Douglas Place	Orlando, FL 32817
V/S	Veronica Koval	9567 Lake Douglas Place	Orlando, FL 32817
	900.00 - Adm		
	61.25 - AR		
	88.75 - AR Supp		
	8.75 - Cert		

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:

*Andrew Koval*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/01 407-679-9237  
Date Daytime Phone #

CR20081 (9/00)