

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 16 PM 12:44

DOCUMENT # P98000064707

1. Corporation Name

INTERNATIONAL CAPITAL EQUIPMENT CORPORATION

Principal Place of Business

2471 MCMULLEN BOOTH RD STE 309  
CLEARWATER FL 33759

Mailing Address

3693 WOODRIDGE PLACE  
PALM HARBOR FL 34684

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1998

5. FEI Number

59-3524138

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
D	CHRAPPA, CARL	3693 WOODRIDGE PLACE	PALM HARBOR FL 34684
VP	FRAZE, FRANK O	3849 STERLING ST.	MIMS FL 32754
VP	ESPOSITO, KIMBERLY A	2702 WINCHESTER DRIVE	VALPARAISO IN 46383
			600004655236--4 -10/26/01--01067--001 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

CHRAPPA, CARL  
3693 WOODRIDGE PLACE  
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

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.

AD

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date OCT. 15, 2001

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 #

CR2E040 (8/01)



- 2 -

October 15, 2001

Florida Department of State  
Ms. Katherine Harris  
Secretary of State  
Division of Corporations  
Reinstatement Section  
409 East Gaines Street  
Tallahassee, FL 32399

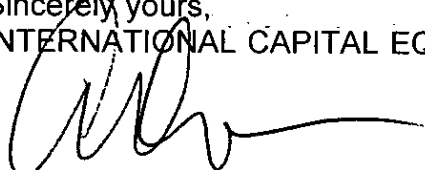
Re: FEI #59-3524138

Dear Ms. Harris,

The above referenced corporation has just received a Notice of Dissolution of Corporation for failure to file its 2001 Corporate Annual Report/Uniform Business Report (UBR). Pursuant to our telephone conversation today with Michelle of your office, we are requesting that the above referenced corporation be reinstated. Furthermore, we hereby make claim that we in fact did not receive either of the 2001 Uniform Business Reports which were reportedly mailed in January and July, 2001.

Enclosed is our Application for Reinstatement along with our check for \$150.00 + \$8.75 for a Certificate of Status. We request you kindly accept this letter and our check as payment in full for our 2001 UBR filing and waive the reinstatement fee. Thank you for your consideration.

Sincerely yours,  
INTERNATIONAL CAPITAL EQUIPMENT CORPORATION



Carl C. Chrappa  
President

attachments