

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**01462**  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 18 PM 12:46

DOCUMENT # **P99000063893**

1. Corporation Name

**ICONNECT TELECOMMUNICATIONS, INC.**

Principal Place of Business

**1221 TREESDALE CT.  
WESLEY CHAPEL FL 33543**

Mailing Address

**1221 TREESDALE CT.  
WESLEY CHAPEL FL 33543**



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

**07/12/1999**

5. FEI Number

**59-3593699**

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	YLAGAN, PEDRO H JR	1221 TREESDALE CT.	WESLEY CHAPEL FL 33543
D	YLAGAN, CECILIA L	1221 TREESDALE CT.	WESLEY CHAPEL FL 33543
D	INFANTE, DANIEL S III	636 BOXCOVE PL.	DIAMOND BAR CA 91765
D	INFANTE, PAULETTE T	636 BOXCOVE PL.	DIAMOND BAR CA 91765
			<b>600004659566--0</b> -10/30/01--01077--006 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

**YLAGAN, PEDRO H JR  
1221 TREESDALE CT.  
WESLEY CHAPEL FL 33543**

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date **10/14/01**

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**  
**CECILIA YLAGAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/14/01**  
Date

**(813) 991-7462**  
Daytime Phone #

CR20040 (801)

19/6/01

Dear Sir / Madam,

This is to inform you that I never received the annual report/uniform business report for renewal.

Sincerely,

Cecilia Lopez

I Connect Telecom. Inc.