

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 28 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106686

1. Corporation Name

ICI DOMANI, INC.

2. Principal Office Address

279 NO. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

279 NO. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/09/99

5. FFL Number

650970325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT - 06

7. Name and Address of Current Registered Agent

Name

PATTI L. BECKER

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

279 NO. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

BOCA RATON,

State

FL

Zip Code

33432

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**

REGISTERED AGENT MUST SIGN

Date 3/23/06

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
PD	PATTI L. BECKER	279 NO. FEDERAL HWY	BOCA RATON, FL 3332

300074347613
05/10/06--01004--008 **1050.00

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 contained in Chapter 119, 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

PATTI L. BECKER

Date

3/23/06

Daytime Phone #

561-391-2466