

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 OCT -9 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V18041**

1. Corporation Name

ID Communications, Inc.

2. Principal Office Address

1866 Gulfstream Way

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33411

Country

United States

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 28, 1992

5. FEI Number

65-0331020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

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

Name

Ira M. Lieberman

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

1866 Gulfstream Way

Suite, Apt. #, Etc.

City

West Palm Beach

State  
**FL**

Zip Code  
**33411**

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

*Ira M. Lieberman*

REGISTERED AGENT MUST SIGN

Date **10/7/2003**

**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
Pres	Ira M. Lieberman	1866 Gulf stream Way	West Palm Beach, Florida 33411
VP	Eliav Abbott	961 East 10th Street	Brooklyn, New York 11230
Director	Dan Kiely	3015 Exchange Ct. suite 315	West Palm Beach, Florida 33409
Director	Robert Lichtshein	2316 Surf Avenue	Brooklyn, New York 11224

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:

*Ira M. Lieberman*

Ira M. Lieberman

10/07/2003 (561)790-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (10/02)

2010/10