

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 10:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F96000003542

1. Corporation Name

ICT GROUP, INC.

Principal Place of Business

800 TOWN CTR DR
 LANGHORNE PA 19047

Mailing Address

800 TOWN CTR DR
 LANGHORNE PA 19047

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

07/12/1996

5. FEI Number

23-2458937

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DCP	BRENNAN, JOHN J	800 TOWN CTR DR	LANGHORNE PA 19047
V	PACCAPANICCIA, VINCENT	800 TOWN CTR DR	LANGHORNE PA 19047
DC	BRENNAN, DONALD P	800 TOWN CTR DR	LANGHORNE PA 19047
D	SOMERS, BERNARD	800 TOWN CTR DR	LANGHORNE PA 19047
V	MAGEE, JOHN L	800 TOWN CTR DR	LANGHORNE PA 19047
V	CAMPBELL, JOHN D	800 TOWN CTR DR	LANGHORNE PA 19047

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

1000088820341
 11/06/02--01037--021 **750.00

City

State
 FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10/29/02

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02