

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



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

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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000009905

1. Corporation Name

I2, INC.

Principal Place of Business

844 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address

844 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/29/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0725069

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	CARAWAY, ILENE	1050 SE 15TH STREET	FORT LAUDERDALE FL 33316

280883463582-9
-11/15/00--01013--002
***150.00 ***150.00

8. Name and Address of Current Registered Agent

HOBLE, SHERI L
7761 NW 23RD ST
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

Sheri L Hoble
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/20/00

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:

Ilene Caraway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/00

Daytime Phone #

KE

CR2E040 (8/00)

282

October 19, 2000

I2, Inc.
844 N Federal Highway
Pompano Beach, FL 33062-4316

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir,

Enclosed is the application for reinstatement and my check for \$150.00. I never received the 2000 corporation annual report/ uniform business report. When receiving this certificate of administrative dissolution I immediately called the Department of State and was instructed to send in the application for reinstatement, \$150.00, and a written statement that I did not receive the prior notices.

Please reinstate my corporation, if I can be of further assistance in this matter, please call me at (954)782-9229.

Thank you for your prompt attention to this matter.

Sincerely,


Eileen Carway