* APPLICATION	FLOI	<b>1</b>	IENT OF STATE	ł	<u> FILED</u>	
FOR		Sandra B. M		}	• • • • • • • • • • • • • • • • • • • •	
REINSTATEMENT		Secretary of State  DIVISION OF CORPORATIONS		97 APR -4 PM 4:01		
DOCUMENT # PQ	500008	30510			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Comporation Name  INTERNATION of Co 1218 Delprado	estruction &	Ngin eerin	g, IK,		1/1LL ( ) ( )	
Cape Coral, FI	Blid. Suite B 39990		(	ļ 		
Principal Place of Business	. Ma	ailing Address		1		
1218 Del Prado Suite B		Same				
Cape Coral, Fl. 5	3990			REIN	statement <u>qu</u>	
If above addresses are incorrect in an 2. New Principal Office Address, If App	<del></del>	ugh incorrect information and enter correction below.  3. New Malling Address, If Applicable		DO NOT WRITE IN THIS SPACE  4. Date incorporated or Qualified		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		To Do Business in Florida		
City & State		City & State		5. FEI Number Applied		
Zip Country	Zip			59-33477/8 Not Appl 6. CEDITICICATE OF STATUS DECIDED TO \$6.75 Additional Fee of		
			·	L	E OF STATUS DESIRED for a Certificate of S	
	ch Officer and/or Director of Officers Directors		orations must list at lea Street Address of Each Officer and/or Director If Use Post Office Box N		City / State / Zip	
Pres. Harry L. Smelser		1628 S.E. C.P. S				
Vice-Pres Helmut	R. Weiner	Ner 1136 S.W. 431		o St. Cape Gral, Fl 33		
Sea & Eliza		SW. 43L	૦ ક્ય.	Cape Coral, Fl. 339		
					a sakin da sakin sa sakin s	
	<del></del>			<u> </u>	DDD2135972 = <del>0470879701031017</del> ****923.75 ****\$023.75	
				<del></del>	NU-4-9-	
8. Name and Addres	s of Current Registered	Agent		9. Name and A	Address of New Registered Agent	
Harry L. Smelber			Name			
1218 Del Prado Blud. Suite B			Street Address (P.O. Box Number is Not Acceptable)			
Harry L. Smelber 1218 Del Prado Blud. Suite B Cope Coral, Fl. 33990			Suite, Apr. #, Etc.			
1			City State Zip Code			
10. I, being appointed the registered ag	int of the above named o	corporation, am familia	r with and accept the ob	oligations of Secti		
Signature of Registered Agent Agent	REGISTERED	AGENT MUST SIGN		· .	Date 3/14/97	
11. Does this corporation Dept. of Revenue u	on pay any inta Inder S. 199.03	angible tax to 32, Florida Sta	the atutes. Yes [	☐ No[	(See other side for information on intangible tax.)	
12. I do hereby certify that the informat lease the Division of Corporations it certify that I am an officer or direct	ion supplied with this filin rom any liability of non-co or or the receiver or truste	g is voluntarily furnishe mpliance with Section so empowered to exec	ed and does not qualify 119.07(3)(k) in the ever cute this application as	for the exemption that the inform provided for in ch	on stated in Section 119.07(3)(k), Florida Statutes action supplied is deenied exempt from public accepter 607 or 617, F.S. I further certify that when this of section 607.0401 or 617.0401, F.S., and the section 607.0401 or 617.0401 or 617.0401, F.S., and the section 607.0401 or 617.0401 o	