

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

07 NOV 21 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P.9900000 9035*

1. Corporation Name

ICAHMOYE MARKETING CORPORATION

BY 11-27-07

000112517900
11/21/07--01067--002 **1200.00

2. Principal Office Address - No P.O. Box #

4008 DEL RIO WAY

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

Zip

33351

Country

BROWARD

Zip

Country

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

P99000009035

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN BARRANT

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

4008 DEL RIO WAY

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/8/07

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
<i>Pres</i>	<i>JOHN BARRANT</i>	<i>4008 DEL RIO WAY</i>	<i>SUNRISE FL 33351</i>
<i>VP</i>	<i>LORNA CHAMBERS</i>	<i>4008 DEL RIO WAY</i>	<i>SUNRISE FL 33351</i>

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] *JOHN BARRANT* *11/8/07* *934-749-9182*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #