

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 278360

1. Corporation Name

INDUSTRIAL CORPORATION OF AMERICA

Principal Place of Business

113 POINT VIEW LANE
LONGWOOD FL 32779

Mailing Address

113 POINT VIEW LANE
LONGWOOD FL 32779

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1964

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	PETERSON, DONALD N.	4801 NW 77TH AVE 113 POINT VIEW LN.	MIAMI FL LONGWOOD FL 32779
VD	HALLIBURTON, JOHN JR.	4801 NW 77TH AVE u SAME	MIAMI FL u
D	PETERSON, FRANK JR	4801 NW 77TH AVE u SAME	MIAMI FL u

8. Name and Address of Current Registered Agent

PETERSON, DONALD N.
4801 NW 77TH AVE
MIAMI FL 33166

NEW
ADDRESS

9. Name and Address of New Registered Agent

Name
DONALD N. PETERSON, TRUSTEE

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

96 113 POINT VIEW LN.

Suite, Apt. #, Etc.

LONGWOOD

City

State

FL

Zip Code

32779

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

SIGNATURE REQUIRED

Date 11-20-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-98

Daytime Phone #

96 407-869-6199

CR2E040 (9/98)