

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 304124

1. Corporation Name

INTER-CONTINENTAL CORPORATION

Principal Place of Business

Mailing Address

5805 BLUE LAGOON DR  
SUITE 406  
MIAMI FL 33126  
US

5805 BLUE LAGOON DR  
SUITE 406  
MIAMI FL 33126  
US

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

2. New Principal Office Address, If Applicable

7964 N.W. 14th Street  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7964 N.W. 14th Street  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33126

Country

Zip

33126

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1966

5. FEI Number

59-1142512

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 3	City / State / Zip 4
DSTP	BITANO, HECTOR J	5805 BLUE LAGOON DR, STE 406 7964 N.W. 14th Street	MIAMI FL 33126 ✓
D	BITANO, HECTOR SR	5805 BLUE LAGOON DR, STE 406 7964 N.W. 14th Street	MIAMI FL ✓ 33126
D	BITANO, PIERO	5805 BLUE LAGOON DR, STE 406 7964 N.W. 14th Street	MIAMI FL 33126 33126
			600004481086--3 -07/17/01--01078--016 ***908.75 ***908.75
			REINSTATEMENT 00-01 TS

8. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
200 S. BISCAYNE BLVD. #4874  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: Hector Bitano Jr  
Street Address (P.O. Box Number is Not Acceptable)  
7964 N.W. 14th Street  
Suite, Apt. #, Etc.  
City: Miami State: FL Zip Code: 33126

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

REGISTERED AGENT MUST SIGN

Date 07/09/01

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

Date

Daytime Phone #

CR2E040 (8/00)