

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 19 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 664839

1. Corporation Name

INTERNATIONAL PROGRAM CONSULTANTS, INC.

Principal Place of Business

Mailing Address

(same)

52 East End Avenue
New York, New York 10028

REINSTATEMENT

82-98

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

February 27, 1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2052083

Applied For

City & State

City & State

Not Applicable

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)

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
PC D	RUSSELL J. KAGAN	52 EAST END AVENUE	NEW YORK, NEW YORK 10028
SD	KAGAN, SEYMOUR N	1060 N.E. 176 STREET	NORTH MIAMI BEACH FL 33162
VTD	KAGAN, MILDRED	1060 N.E. 176 STREET	NORTH MIAMI BEACH FL 33162
			600002436206--7 -02/20/98--01050--005 ***2271.25 ***2271.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

		Name KAGAN, SEYMOUR N	
		Street Address (P.O. Box Number is Not Acceptable) 1060 N.E. 176 STREET	
		Suite, Apt. #, Etc.	
		City NORTH MIAMI BEACH	State 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

Seymour E. Kagan

REGISTERED AGENT MUST SIGN

Date 02/14/98

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL J. KAGAN

Date

2/2/98

Daytime Phone #

212-734-9096

CR2E040 (1/98)