

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **664839**

1. Corporation Name

INTERNATIONAL PROGRAM CONSULTANTS INC.

Principal Place of Business

2000 ISLAND BLVD
#1009
AVENTURA FL 33160-4960

Mailing Address

52 EAST END AVENUE
NEW YORK NY 10028

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 03



400024510824

11/07/03--01062--004 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1980

5. FEI Number

59-2052083

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
PCD	KAGAN, RUSSELL J	2000 ISLAND BLVD #1009	AVENTURA FL 33160
VD	KAGAN, MICHAEL	52 EAST END AVENUE 23-A	NEW YORK NY 10028
VTD	KAGAN, MILDRED	2000 ISLAND AVE	AVENTURA FL 33160
D	MILDRED KAGAN	2000 ISLAND AVE	AVENTURA FL 33160
D	KAGAN, PHILLIP	3713 MEDLO DRIVE	BALTIMORE MD 21215
D	TAYLOR, EVAN	21300 NE 19TH AVENUE	MIAMI FL 33179

8. Name and Address of Current Registered Agent

~~KAGAN, MILDRED~~
~~2000 ISLAND BLVD~~
~~#1009~~
~~AVENTURA FL 33160~~

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33160

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. or 617.0505, F.S.

Signature of
Registered Agent

Mildred Kagan
REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL J. KAGAN

10/20/03
Date

305-936-8009
Daytime Phone #

CR2E040 (7/03)