

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -9 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756019

1. Corporation Name
THE INTERNATIONAL CENTER FOR EDUCATION
AND HUMAN DEVELOPMENT INC

2. Principal Office Address - No P.O. Box #
1634 ORCHID BEND

3. Mailing Office Address
1634 ORCHID BEND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
WESTON, FL

Zip Country
33327 USA

Zip Country
33327 USA

500149333815
04/09/09--01041--027 **358.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 01/22/1981

5. FEI Number
650112529

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
JAVIER CARDENAS

Street Address (P.O. Box Number is Not Acceptable)
1634 ORCHID BEND

Suite, Apt. #, Etc.

City State Zip Code
WESTON FL 33327

☐ 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

REGISTERED AGENT MUST SIGN

Date 03/29/2009

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
PD	SANDRA ARANGO CARDENAS	1634 ORCHID BEND	WESTON, FL 33327
D	MARK NIMNICH	527 COLLUSA AVENUE	BERKELEY, CA 94707
D	FRED WOOD	1389 WEST ISLAND CLUB SQUARE	VERO BEACH, FL 32963

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

03/29/2009

Date

954 288 5077

Daytime Phone #

SC 4/10