

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 12 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001107

1. Corporation Name

INTERNATIONAL COMMERCIAL TELEVISION INC.

2. Principal Office Address - No P.O. Box #

299 MADISON AVENUE N.

Suite, Apt. #, etc.

SUITE C

City & State

BAINBRIDGE ISLAND, WA

Zip

98110

Country

USA

3. Mailing Office Address

299 MADISON AVENUE N.

Suite, Apt. #, etc.

SUITE C

City & State

BAINBRIDGE ISLAND, WA

Zip

98110

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 25, 1998

5. FEI Number
76-0621102

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

DIANNE JORDAN

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

4222 SOUTH OCEAN BLVD

Suite, Apt. #, Etc.

SUITE # 1

City

HIGHLAND BEACH

State

FL

Zip Code

33487

☐ 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 JUNE 10, 2008

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
P/S/D	KELVIN CLANEY	10245 SUNRISE PLACE NE	BAINBRIDGE ISLAND, WA 98110
V	RICHARD SCHEINER	66 SOLDIERS SQ	WAYNE, PA 19087
T	KARL REDEKOPP	607-212 DAVIE ST	VANCOUVER, BC V6B 5Z4
D	WILLIAM FLOHR	355 22ND STREET	SANTA MONICA, CA 90402

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:

KARL REDEKOPP

JUNE 10 '08

Date

604-903-5806

Daytime Phone #

266/13