PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

F97000006124

1. Corporation Name

IFC USA CORP. Principal Place of Business

Mailing Address

50 JONERGIN DR.

50 JONERGIN DR.

FILED

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SECRELLAY OF STATE TALLAHASSEE, FLORIDA



SWANION VI US400		SWANTON VI US488			I TOBSTON THE SOUL CORF. CONTRACTOR SOULS AND IN ANYTHOUGH ALVON LINE CORF. CORF.			
If above a	аddresses are incorrect in any way, line s	hrough incorrect is	nformation and enter	correction below.	REINS	TATEMEN		
2. New Principal Office Address, If Applicable 3. New Maili 2051 Greenleaf 2051 Gr			ng Office Address, if Applicable eenleaf		Date Incorporated or Qualified To Do Business in Florida 11/19/1997			
Suite, Apt. #, etc. Suite, Apt. #					5. FEI Number			Applied For
City & State Elkgrove, Illinois City & State Elkgrov			e, Illinois			03-0351781	·	Not Applicable
80007	-5505 Country SA	₹6007-5	eb007-5505		6. CERTIFICATE OF STATUS DESIRED S3751 Additional Fee require			nal/Fee required cate of Status
7. Names	and Street Addresses of Each Officer ar	d/or Director (Flo	rida nonprofit corpo	rations must list at lea	est 3 directors)	<u> </u>		
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director			City / State / Zip			
PD	IVANIER, SYDNEY	700 RUE OUELLETTE			MARIEVILLE, QUEBEC J3M1P6			
TVD	ROSEN, SIENEY 700 R			TELLE ~~=	MARIEVILLE, QUEBEC J3M1P6			
D	BAHADRIAN, JOSEPH	700 RUE OUELLETTE			MARIEVILLE, QUEBEC J3M1P6			
VS	CHAIKELSON, MORTIMER	700 RUE OUELLETTE			MARIEVILLE, QUEBEC J3M1P6			
		. 2			000038104525			
				****750.00 ****750.00				
Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
	والمستعلق الماري المستعلق المستعلم المستعلق المستعلم المستعلق المستعلم المستعلم المستعلم المستعلم المستعلم المستعلم المستعلم المس	_ _Name	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)				
	TATION FL 33324		Suite, Apt. #, Etc.					
			City State Zip Code				e	
10. I, being Signature o Registered	Abent alvina + me	pove named corpo	vaci S	ith and accept the ob ALUINA AM PEC. ASS T	pligations of Section (SEC) (RE)	on 607.0505, F.S. P.A. Y. TABary 2/2	0/20	D/_
this rein owed by	that I am an officer or director or the rec statement application, the reason for dis y the comporation have been paid and the application is true and accurate, and my	solution has been a names of individ	eliminated, the corp uals listed on this fo	orate name satisfies t rm do not qualify for a	the requirements an exemption und	of section 607.0401 or 617.0	401, F.S., t	that all fees

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR