

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 13 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

INVESTMENT CORP. OF THE
VIRGINIAS, INC.
POC# H24870

600054243576
05/11/05--01012--006 **1500.00

2. Principal Office Address

23473 WATER CIRCLE

3. Mailing Office Address

23473 WATER CIRCLE

REINSTATEMENT 00-05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/84

5. FEI Number

58-1594960

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTIN PRICE

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

23473 WATER CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33486

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

Martin Price

REGISTERED AGENT MUST SIGN

Date 3/31/05

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
PRES	MARTIN PRICE	23473 WATER CIRCLE	BOCA RATON, FL 33486
VP / Sec/Treas	SUZANNE PRICE	23473 WATER CIRCLE	BOCA RATON, FL 33486

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 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:

Martin Price MARTIN PRICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

(305) 333-7551

Daytime Phone #

CR2001 (01/05)