

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 NOV -6 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H27920**

1. Corporation Name

INTERNATIONAL CONTRACTING ASSOCIATES, INC.

Document Number: H27920

2. Principal Office Address

1511 E Commercial Blvd

3. Mailing Office Address

1511 E Commercial Blvd

Suite, Apt. #, etc.

71

Suite, Apt. #, etc.

#71

City & State

Oakland Park FL

City & State

Oakland Park FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. Date Incorporated or Qualified

In Business in Florida

10/30/1984

5. FEI Number

650663189

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

Mark S. Mucci

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

5561 N University Drive

Suite, Apt. #, Etc.

Suite 102

City

Coral Springs

State

FL

Zip Code

33067

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

Mark S. Mucci

Date 09-08-06

REGISTERED AGENT MUST SIGN

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	John Pearson	1511 E Commercial Blvd # 71	Oakland Park FL 33334
V	William Carlton	1511 E Commercial Blvd #71	Oakland Park FL 33334

REINSTATEMENT

B 11/9/06
05-06

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09-08-06

954-524-6800

Daytime Phone #