

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J85233

1. Corporation Name

International Drive, Inc.

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

825 Croftbridge Lane

Suite, Apt. #, etc.

City & State

Highland Park, IL

Zip

60035

Country

USA

3. Mailing Office Address

825 Croftbridge Lane

Suite, Apt. #, etc.

City & State

Highland Park, IL

Zip

60035

Country

USA

REINSTATEMENT 08-10

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 19855. FEI Number
59-2831074Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Russell Hamlin

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

555 Winderley Place

Suite, Apt. #, Etc.

Suite 400

City

Maitland

State

FL

Zip Code

32751

☒ 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 April 16, 2010

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.	H. Gary Stetson	625 Croftbridge Lane	Highland Park, IL 60035

300178684323
04/26/10--01043--008 **300.00

10. E-mail Address: hgstetson@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

H. Gary Stetson

04/16/2010 847-681-0536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #