

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K54776**

1. Corporation Name

INTERNATIONAL TECHNICAL CERAMICS, INC.

Principal Place of Business

**MAYPORT INDUSTRIAL PARK
325 MEALY DRIVE
ATLANTIC BEACH FL 32233**

Mailing Address

**58 SAN JUAN DRIVE
PONTE VEDRA BEACH FL 32082**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1989

5. FEI Number

59-2916375

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DELKIC, ALICE	325 MEALY DRIVE	ATLANTIC BEACH FL 32233
D/P	DELKIC, FERIZ	325 MEALY DRIVE	ATLANTIC BEACH FL 32233

100008590811
10/25/02--01037--021 **750.00

10/29

8. Name and Address of Current Registered Agent

**SLAGLE, SUSAN
4190 BELFORT ROAD
SUITE 240
JACKSONVILLE FL 32216**

9. Name and Address of New Registered Agent

Name

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

1201 San Amaro Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

CR2E040 (802)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/24/02**

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02
904-285-0200

Date

Daytime Phone #