

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L61645

1. Corporation Name

International Vem, Inc.

**REINSTATEMENT**

Principal Place of Business

15491 Greenock Lane  
Ft. Myers, FL 33912

Mailing Address

SAME

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

2. New Principal Office Address, If Applicable

15491 Greenock Lane

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same as #2.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33912

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/26/1990

5. FEI Number

65-0209324

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, T, S, D	Libbrecht, Jean	c/o 15491 Greenock Lane	Ft. Myers, FL 33912
D	Libbrecht, Veronique	c/o 15491 Greenock Lane	Ft. Myers, FL 33912
V P	McGuire, Lorraine	15491 Greenock Lane	Ft. Myers, FL 33912
ASST S	Rollings, Harvey	1633 SE 47th Terrace	Cape Coral, FL 33904
			200002516482--1 -05/08/98-01003-017 ***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Harvey Rollings, Esquire

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

1633 SE 47th Terrace

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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.

Signature of  
Registered Agent

*Harvey Rollings*

REGISTERED AGENT MUST SIGN

Date 4/30/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Lorraine S. McGuire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lorraine McGuire

4/30/98  
Date

Daytime Phone #

CR2E040 (1/98)