PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV -6 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000005657

1. Corporation Name

INTERNATIONAL COMMUNITY FRUIT OF THE VINE, INC

V09-47528

300162072993
10/23/09--01024--020 **183.75
10/23/08-01024-020-183.75

CR2E091 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
625 NE MIZNER BLVD	625 NE MIZNER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33432 Country:	Zip: 33432 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/24/2006

5. FEI Number: 20-5100226 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 Additional Fee required

7. Name and Address of Current Registered Agent

Name: GOMES, ANGELA

Street Address (P.O. Box Number is Not Acceptable): 1288 SW 17TH ST

Suite, Apt. #, Etc.:

City: BOCA RATON | State: FL | Zip Code: 33486

☑ 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: _____ Date: NOV 3, 2009
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
PD	GOMES, ANGELA	1288 SW 17TH ST	BOCA RATON FL 33486
T	GOMES, FERNANDA MV	1288 SW 17TH ST	BOCA RATON FL 33486
SD	PERPETUO, GERALDO	10774 SEA CLIFF CIR	BOCA RATON FL 33498
D	GOMES, FERNANDO	1288 SW 17TH ST	BOCA RATON FL 33486
S	CHEN, GEORGIANNE	4354 NW 9 AVE BOX 193	POMPANO BEACH FL 33064

REINSTATEMENT RH

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: _____ NOV 3, 2009 (561) 292 4804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #