


APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	N11031
1. Corporation Name	
INTERNATIONAL TRADE & BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
1700 N.W. 94TH AVENUE MIAMI FL 33172	1700 N.W. 94TH AVENUE MIAMI FL 33172

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
09/09/1985	
5. FEI Number	Applied For
65-0035857	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	City / State / Zip
1	2	3	4
DS	ARRAZOLA, ALFONSO	1700 NW 94 AVE.	MIAMI FL
DP	DAGO, ROSA D	1650 NW 94 AVE.	MIAMI FL
DV	DAGO, CARMEN D	1650 NW 94 AVE.	MIAMI FL
			000003457770-0
			11/08/00-01085-001
			***236.25 ***236.25
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ARRAZOLA, ALFONSO 1700 N.W. 94TH AVENUE MIAMI FL 33172		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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	SIGNATURE REQUIRED
	REGISTERED AGENT MUST SIGN
	Date Oct 17/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
	ALFONSO ARRAZOLA
	Date Oct 17/00
	Daytime Phone #

FILED

00 OCT 23 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (8/00)