

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 # **N41273**

1. Corporation Name

INTERCULTURA OVERSEAS EXCHANGE ASSOCIATION, INC

Principal Place of Business

**501 BRICKELL KEY DR.
SUITE 300
MIAMI FL 33131
US**

Mailing Address

**501 BRICKELL KEY DR.
SUITE 300
MIAMI FL 33131
US**

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

2. New Principal Office Address, If Applicable

1530 MADRUGA AVE

Suite, Apt. #, etc.

SUITE 211

City & State

CORAL GABLES FL

Zip
33146

Country

US

3. New Mailing Office Address, If Applicable

1530 MADRUGA AVE

Suite, Apt. #, etc.

SUITE 211

City & State

CORAL GABLES FL

Zip
33146

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1990

5. FEI Number

65-0243705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$2.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
DP	LIMA, ANTONIO FILGUEIRAS	RUA PROF.DIAS DE ROCHA	FORTZLEZA-CE-BRAZIL
DT	CLOCKE, EDWARD ERNEST	501 BRICKELL KEY DRIVE #300	MIAMI FL 33131
S	EVANS, LAWRENCE S	501 BRICKELL KEY DRIVE #300	MIAMI FL 33131
D	ATWOOD, AIMEE	501 BRICKELL KEY DRIVE #300	MIAMI FL 33131
D	SACKETT, RAYMOND	501 BRICKELL KEY DRIVE #300	MIAMI FL 33131

8. Name and Address of Current Registered Agent

**EVANS, LAWRENCE S., ESQ.
701 BRICKELL AVE
1900
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

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

1530 MADRUGA AVE

Suite, Apt. #, Etc.

SUITE 211

City

CORAL GABLES

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date

4/21/99

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:

ANTONIO FILGUEIRAS LIMA

4/21/99 (305) 334 2264