PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR /
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

OCUMENT #	N43545
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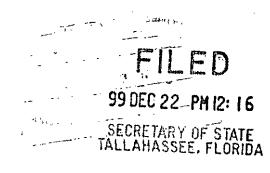
oration Name

ITELLIGENTSIA INTERNATIONAL, INC.

rincipal			

Mailing Address

ijý nw 27th terr Ainesville fl 32606 6017 NW 27TH TERR GAINESVILLE FL 32653





		US					
		ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/25/1991			
uite, Apt. #; etc.		etc. 1577		1		Applied For	
ity & State City & State		City & State	JE, FL		59-3067313 Not		Not Applicable
p	Country	^{zip} 339	75	Country		E OF STATUS DESIRED 🔲 S	3.75 Additional Fee required for a Certificate of Status
Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit	corporations must list at lea	ast 3 directors)		2711
Γitle(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		-01/06/00 4 ****236.25	01022010 State 4##*236.25
)	CAPECE, JOHN C.		6015 NW 27 TERR 18 MARINA DRIVE			CAINESVILLE FL LABELLE, FL	33935
)	GLOVER, CAROLE			1601 ARGONNE PLACE, NW, 104 \$37 (V)ANY ER PO.		WASHINGTON D. GREAT FAUS	, VA
)	SHARONOV, ANDREI			STARAYA PLOCHAD		MOSCOW RU	
)	SOLAREV, ILYA		GOLT NW ETTILTERA 7 WORLD TRADE CENTER		CAINEGVILLE FL. NEW YORK, NY 10048-2627		
1	VORONOV, SERGEI			LEMIN ST, 46		N. NOVGOROD RU	
	8. Name and Address of Current		nt 1	INSTATE	WENI	Q Q	AJA
CAPE	CE, JOHN C.			Street Address (F	O Roy Number	is Not Acceptable)	
-6017-NW-27TH-TERR			18 MARINA DRIVE				
	SVILLE FL 32606			Suite, Apt. #, Etc.		E VILLAS	
	kilosene -	1/		LABELLE	ξ /) FI	te Zip Code L 33935
I, bein inature gistered	Agent	bye named corporate to the corporate to		The Chi	Propertions of Sept.	on 607.0505, F.S. Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9
L certifi	v that I am an officer or director or the recei				rovided for in the	apter 607 or 617. F.S. Lfurthe	er certify that when filing

. 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.

IGNATHRE!

SNATURE AND TARED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CAPECE II

(863) <u>674-57</u>2

Daytime Phone #