

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N49990

**FILED**  
**Oct 09, 2008**  
**Secretary of State**

**Entity Name:** INTERNATIONAL COLLEGE OF THE CAYMAN ISLANDS, INC.

**Current Principal Place of Business:**

9360 SW 83RD STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

1435 YELLOWHEART WAY  
HOLLYWOOD, FL 330194859 US

**Current Mailing Address:**

1185 HILLERY WAY  
MIAMI, FL 94502

**New Mailing Address:**

1435 YELLOWHEART WAY  
HOLLYWOOD, FL 33019 US

**FEI Number:** 65-0351573      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CUMMINGS, ELSA M PH.D.  
9360 SW 83RD STREET  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

CUMMINGS, ELSA M PH.D.  
1435 YELLOWHEART WAY  
HOLLYWOOD, FL 33019 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELSA M. CUMMINGS

10/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: CUMMINGS, ELSA M  
Address: 9360 SW 83RD STREET  
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete  
Name: ORSON, CLAIRE  
Address: 2845 NW 95TH AVENUE  
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete  
Name: CUMMINGS, APRIL  
Address: 1185 HILLERY WAY  
City-St-Zip: ALAMEDA, CA 94502

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: CUMMINGS, ELSA M  
Address: 1435 YELLOWHEART WAY  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CUMMINGS, APRIL  
Address: 1435 YELLOW HEART WAY  
City-St-Zip: HOLLYWOOD, CA 33019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSA M. CUMMINGS

CD

10/09/2008

Electronic Signature of Signing Officer or Director

Date