

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N49990

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1435 YELLOWHEART WAY  
HOLLYWOOD, FL 330194859 US

**New Principal Place of Business:**

**Current Mailing Address:**

1435 YELLOWHEART WAY  
HOLLYWOOD, FL 33019 US

**New Mailing Address:**

1435 YELLOWHEART WAY  
HOLLYWOOD, FL 330194859 US

**FEI Number:** 65-0351573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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 PH.D.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CD  
**Name:** CUMMINGS, ELSA M  
**Address:** 1435 YELLOWHEART WAY  
**City-St-Zip:** HOLLYWOOD, FL 33019 US

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

**Title:** D  
**Name:** CUMMINGS, APRIL  
**Address:** 1435 YELLOW HEART WAY  
**City-St-Zip:** HOLLYWOOD, CA 33019

I hereby 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 all other like empowered.

**SIGNATURE:** ELSA M. CUMMINGS

DR.

09/30/2010

Electronic Signature of Signing Officer or Director

Date