

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**13 DEC 26 PM 3:38**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N51081

1. Corporation Name

**INTERNATIONAL CULTURAL FOUNDATION, INC**

**FILING CANCELLED  
RETURNED CHECK**

2. Principal Office Address - No P.O. Box #

**18001 OLD CUTLER RD**

Suite, Apt. #, etc.

3. Mailing Office Address

**18001 OLD CUTLER RD**

Suite, Apt. #, etc.

City & State

**PALMETTO BAY, FL**

Zip

**33157**

Country

**USA**

City & State

**PALMETTO BAY, FL**

Zip

**33157**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/1992

5. FEI Number

☒

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

**ANDERSON & COHEN**

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

**910 BRICKELL AVENUE**

Suite, Apt. #, Etc.

**400**

City

**MIAMI**

State

**FL**

Zip Code

**33131**

**REINSTATEMENT**

**400255021434**  
**12/26/13--01028--004 \*\*1400.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505 of the Florida Statutes.

Signature of  
Registered Agent

Date **12/20/13**

**R. HUNT**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VERGARA, LUISA	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
SRVP/S/D	AMADO, YISHAI H	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
VP	MUNOZ, JOSE M	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
VP	TENDERO, RAFAEL L	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
T	PRAZUELA, WILLIAM	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157
AS	PEREZ, ROBERTO	18001 OLD CUTLER RD	PALMETTO BAY, FL 33157

10. E-mail Address: **JHA-CPA@HOTMAIL.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/13

305-454-2010

Date

Daytime Phone #