

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

N APPLICATION FOR **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 27 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000000953**

1. Corporation Name

INTERNATIONAL BELIEVER'S CIRCLE INC.

Principal Place of Business Mailing Address
1652 BRICKYARD ROWD
CHIPLEY FL 32428



REINSTATEMENT

98-99 ad

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/17/1997	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	QURESHI, IKRAM	408 E. HWY 90	BONIFAY FL 32425
D	WAHEED, MIAN	1652 BRICKYARD ROWD	CHIPLEY FL 32428
D	ANEES, MOHAMMAD	1652 BRICKYARD ROWD	CHIPLEY FL 32428

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WAHEED, MIAN A 1652 BRICKYARD ROWD CHIPLEY FL 32428		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State Zip Code	
		FL	

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: WAHEED Date: 12.28.98

REGISTERED AGENT MUST SIGN

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: WAHEED Date: 12.28.98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR