

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N97000004956</u>			
1. Corporation Name <u>International Nippon Collectors' Club, Inc.</u>			
2. Principal Office Address <u>30 Riverwalk Drive S.</u> Suite, Apt. #, etc. <u> </u>		3. Mailing Office Address <u>30 Riverwalk Drive S.</u> Suite, Apt. #, etc. <u> </u>	
City & State <u>Palm Coast FL</u>		City & State <u>Palm Coast FL</u>	
Zip <u>32137</u>	Country <u>USA</u>	Zip <u>32137</u>	Country <u>USA</u>

FILED
 06 FEB -3 PM 3:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06
 CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida <u>29 Aug 97</u>	
5. FEI Number <u>650832314</u>	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 <u>JERRY D. SERVICE</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>30 Riverwalk Drive South</u>		000067021530 <u>03/03/06--01025--012 **297.50</u>
Suite, Apt. #, Etc. <u> </u>		
City <u>Palm Coast</u>	State <u>FL</u>	Zip Code <u>32137</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Jerry D. Service
 REGISTERED AGENT MUST SIGN

Date 8 Jan 06

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
Pres	Julie Kimelman	8490 Palace Drive	Kelseyville, CA 95451
Sec	Bruce Addison	34 Sparhawk Drive	Burlington, MA 01803
Treas	Jerry Service	30 Riverwalk Drive South	Palm Coast, FL 32137
ID	Dick Bittner	2406 Dominion Drive #20	Fredrick MD 21702
ID	Joan Van Patten	PO Box 102	Rexford NY 12148

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry D. Service

8 Jan 06

Date

(386) 439-5599

Daytime Phone #