

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 NOV 15 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N98000003780**

1. Corporation Name

**INTERCOUNTRY ADOPTION CENTER, INC.**

Principal Place of Business

7204 13TH AVENUE WEST  
BRADENTON FL 34209

Mailing Address

4940 VIKING DRIVE  
SUITE 388  
MINNEAPOLIS MN 55435

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

08/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0863734

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75. A fee of \$5.75 is required for each certificate of status desired.

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	Timothy Puffer	11661 Ford Parkway	St. Paul, MN 55108
D	Michelle Ripp	7204 13th Ave. W	Bradenton, FL 34209
D	Frank Koelbl	7204 13th Ave. W	Bradenton, FL 34209

**REINSTATEMENT**

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-12/06/99--01102--015

\*\*\*175.00 \*\*\*175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIPP, MICHELLE A  
7204 13TH AVENUE WEST  
BRADENTON FL 34209

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*Michelle A. Ripp*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/22/99

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., 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:

*Michelle A. Ripp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/99 941-761-1345  
Date Daytime Phone #

CR25040 (8/99)