

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR



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

FILED

00 NOV 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006314

1. Corporation Name

INDEPENDENT CONSULTIS OWNERS GROUP, INC.

Principal Place of Business

Mailing Address

C/O KEITH J. KANOUSE, ESQ.
2385 EXECUTIVE CENTER DR., SUITE 270
BOCA RATON FL 33431

C/O KEITH J. KANOUSE, ESQ.
2385 EXECUTIVE CENTER DR., SUITE 270
BOCA RATON FL 33431

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

2. New Principal Office Address, If Applicable

SUITE 324 Atrium
Suite, Apt. #, etc.
2255 GLADYS ROAD
City & State

3. New Mailing Office Address, If Applicable

SUITE 324 Atrium
Suite, Apt. #, etc.
2255 GLADYS ROAD
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1999

5. FEI Number

65-1048702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Warren Carter	6055 Rockside Woods Blvd #350	Independence, OH 44131
D	Paul J. Vincent	3636 Nobel Dr #240	San Diego, CA 92122
D	Nick Desai	4010 Moorpark Ave #100	San Jose, CA 95117
D	Koenelis J. vander Zee	6055 Rockside Woods Blvd #350	Independence, OH 44131

00 UBR 78

8. Name and Address of Current Registered Agent

KANOUSE, KEITH J ESQ.
PENINSULA EXECUTIVE CENTER, SUITE 270
2385 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
SUITE 324 Atrium, One Boca Place
Suite, Apt. #, Etc.
2255 GLADYS ROAD
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 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/10/00

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:

SIGNATURE OF VANDER ZEE
Koenelis J. vander Zee

Date

Daytime Phone #

11/10/00 216-901-1320

CR2040 (8/00)

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**Independent Consultis Owners Group, Inc
Office of the Treasurer
6055 Rockside Woods Boulevard, #350
Independence, OH 44131**

Memo

To: Division of Corporations-Reinstatement Section

From: Kornelis J. van der Zee

Date: 11/13/00

Re: Application for Reinstatement

Please find enclosed our application for reinstatement as a Florida Not For Profit Corporation. Also enclosed are a copy of our original application and a copy of the check, which was mailed in August to which we never received a response. Please accept this application and refund the difference between the fee paid (\$550.00) and the fee owed (\$175.00) less any administrative costs (if any). I would also request that any penalties are waived in light of the fact that we did complete an application, although the payment made was incorrect.

Please send the refund to my attention at the above address. If you have any further questions, please call me at 216-901-1320 X-106.

Thank you.

Sincerely,



Kornelis J. van der Zee

Treasurer