

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P0000011308**

1. Corporation Name

**ISCP AMERICA CORPORATION**

Principal Place of Business

Mailing Address

1802 N. UNIVERSITY DR., STE. 100A  
PLANTATION FL 33322

1802 N. UNIVERSITY DR., STE. 100A  
PLANTATION FL 33322

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/27/2000

5. FEI Number

65-0975224

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LINSSEN, PHILIPPE PAUL	1802 N. UNIVERSITY DR., STE. 100	PLANTATION FL 33322
			600004716886--3 12/10/01--01089--013 ****750.00 ****750.00

**REINSTATEMENT** 01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, EIRA J  
1802 N. UNIVERSITY DR., STE. 100A  
PLANTATION FL 33322

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

REGISTERED AGENT MUST SIGN

Date Nov 19, 01

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:

PHILIPPE PAUL LINSSEN

NOV 15, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FILED

01 NOV 28 PM 6:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (8/01)