

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000011308

1. Entity Name  
ISCP AMERICA CORPORATION



FILED

08 DEC 29 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

Principal Place of Business

7601 EAST TREASURE DRIVE  
CV#9 CU#9  
NORTH BAY VILLAGE, FL 33322  
33141

Mailing Address

7601 EAST TREASURE DRIVE  
FORT LAUDERDALE, FL 33322  
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7601 EAST TREASURE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CU#9

City & State

City & State  
North Bay Village, FL

Zip

Country

Zip

Country

33141

US

4. FEI Number  
65-0975224

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINSSEN, PHILIPPE P  
7601 EAST TREASURE DRIVE  
CV#9 CU#9  
NORTH BAY VILLAGE, FL 33141

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME LINSSEN, PHILIPPE PAUL  
STREET ADDRESS 7601 EAST TREASURE DRIVE, CV#9 CU#9  
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 800139405178  
12/31/08-01075-002 \*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIPPE P. LINSSEN

15 December 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #