

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 13 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079500

1. Corporation Name

INTERNATIONAL CONSULTANTS &
INVESTMENT GROUP LIMITED CORP.

400180844144
05/13/10--01030--009 **158.75

2. Principal Office Address - No P.O. Box #

676 WEST PROSPECT RD

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33309

Country

USA

3. Mailing Office Address

P.O. BOX 1711

Suite, Apt. #, etc.

City & State

POMPADOUR BEACH
FLORIDA

Zip

333061

Country

USA

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8-9-2000

5. FEI Number

651029255

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

GEORGE ELIA

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

676 WEST PROSPECT RD.

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33309

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

George Elia

REGISTERED AGENT MUST SIGN

Date 5-10-10

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
P	GEORGE ELIA	676 WEST PROSPECT RD	FORT LAUDERDALE FL 33309
D	DANILONE ELIA	676 WEST PROSPECT RD	FORT LAUDERDALE FL 33309

10. E-mail Address: GEORGE ELIA @HOTMAIL.COM

(To be used for future annual report notification)

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. I further certify, 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

Date

5-10-10

Daytime Phone #