

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

06 OCT 23 AM 8:31

REINSTATEMENT 06

CR2E081 (12/05)

DOCUMENT # P00000117066

1. Corporation Name

Intercontinental Engineering &
Testing Consultants, Inc

2. Principal Office Address

12862 SW 50th ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

Zip

Country

33027

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1060914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAJUKA NJIE

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

12862 SW 50th ST

Suite, Apt. #, Etc.

City

MIRAMAR

State
FL

Zip Code

33027

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


REGISTERED AGENT MUST SIGN

Date 10/17/06

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
PR	SAJUKA NJIE	12862 SW 50 th ST	MIRAMAR, FL 33027

700081126517
10/23/05--01068--014 **150.00

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/06

Daytime Phone #

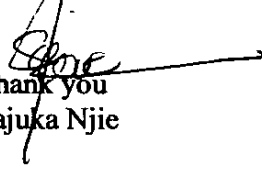
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Attn: Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: 00000117066
Intercontinental Engineering & testing Consultants, Inc

Dear Sir Madam:

I did not receive an annual report because I have a new address. I was instructed by a representative from Dept. of State to sent a corporation reinstatement form with the fee of \$150.00 with the new address.


Thank you
Sajuka Njie