

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041294

1. Corporation Name

INTERNAL COMMAND INTERNATIONAL, INC.

Principal Place of Business

4244 N. MANHATTAN AVE.
TAMPA FL 33615

Mailing Address

4244 N. MANHATTAN AVE.
TAMPA FL 33615

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

2. New Principal Office Address, If Applicable

334 So. Hyde Park Ave

Suite, Apt. #, etc.

2d Floor

City & State

TAMPA FL

Zip

33606

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2001

5. FEI Number

59-3716795

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, T	CRAIG A. NUFFMAN	607 W. Martin L. King Bl.	TAMPA FL 33603
VPS	MARK E. PENNA	3102 SEAWAY CT #102	TAMPA FL 33629
VP	JAMES A. THOMAS	4708 Zeller St.	TAMPA FL 33629

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01/21/03--01034--017 **900.00

8. Name and Address of Current Registered Agent

PENNA, MARK E
300 S. HYDE PARK AVE., STE. 150
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

PENNA, Mark E.

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

334 So. Hyde Park Ave

Suite, Apt. #, Etc.

2d Floor

City

TAMPA

State

FL

Zip Code

33606

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/16/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/03

CR2040 (8/02)