

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000045213

1. Corporation Name

INTERNATIONAL FLORIDIAN CORPORATION

FILED

04 MAR 22 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8004 EAST COLONIAL DRIVE
ORLANDO FL 32817

3143 BERRIDGE LANE
ORLANDO FL 32812

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GREENE, DAVID M	3143 BERRIDGE LANE	ORLANDO FL 32812
S	GREENE, PATRICIA V	3143 BERRIDGE LANE	ORLANDO FL 32812
			300030820639 03/22/04--01014--011 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENE, DAVID M
3143 BERRIDGE LANE
ORLANDO FL 32812

Name

DAVID M GREENE

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

3144 BERRIDGE LN

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

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

David M Greene

Date

3-16-04

REGISTERED AGENT MUST SIGN

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:

David M Greene

DAVID M GREENE

3-16-04

Date

Daytime Phone #

CR2E040 (7/03)