

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 8:30

DOCUMENT # P02000111261

1. Corporation Name

Intercontinental Imports & Exports, 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

33027

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

72-1532329

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 06

CR2E081 (12/05)

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, FL

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
<u>1</u>	<u>SAJUKA NJIE</u>	<u>12862 SW 50th ST</u>	<u>Miramar, FL 33027</u>

300081126483
10/23/06--01069--013 **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 #


2 of 2

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

RE: 02000111261
Intercontinental Imports & Exports, 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