

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 12 PM 7:10

SECRET  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P04000082160

1. Corporation Name

**INTERNATIONAL CONSULTANTS OF AMERICA, INC.**

2. Principal Office Address

**901 WATERSIDE LAND, Suite 209**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**CELEBRATION, FL**

City & State

Zip

Country

Zip

Country

**34747**

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/24/2004**

5. FEI Number

**87-0722828**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2005**

**7. Name and Address of Current Registered Agent**

Name

**LIVINGSTON, DEBORAH DR**

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

**901 WATERSIDE LANE**

Suite, Apt. #, Etc.

**209**

City

**CELEBRATION**

State

**FL**

Zip Code

**34747**

**400060547914**  
**10/12/05-01040-012 \*\*150.00**

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

*Deborah Livingston*  
REGISTERED AGENT MUST SIGN

Date **9/15/2005**

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
PD	LIVINGSTON, DEBORAH DR	901 WATERSIDE LANE #209	CELEBRATION, FL 34747

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 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:

*Deborah Livingston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DR DEBORAH LIVINGSTON**

**9/15/2005**

Date

**(407) 895-5933**

Daytime Phone #

Robinson and Robinson Inc.

September 15, 2005

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that International Consultant of America, Inc., did not receive any prior notices or information pertaining to the Annual Corporate Reports for the year (2005). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933. Document #P04000082160. Enclosed is \$150.00 for the year of 2005.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson

2052