

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000013257

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** INTERNATIONAL COMMUNITY INVESTMENTS GROUP, INC

**Current Principal Place of Business:**

530 NW 189TH TERR  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 693027  
MIAMI, FL 33269

**New Mailing Address:**

**FEI Number:** 76-0849145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTTINGHAM, MICHAEL  
530 NW 189TH TERR  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

DIXON, TWANN  
530 NW 189TH TERR  
MIAMI, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TWANN DIXON

02/05/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: COTTINGHAM, MICHAEL  
Address: 530 NW 189TH TERR  
City-St-Zip: MIAMI, FL 33169

Title: V  
Name: DIXON, TWANN W  
Address: 530 NW 189TH TERR  
City-St-Zip: MIAMI, FL 33169

Title: M  
Name: HANKS, CLINTON E  
Address: 530 NW 189TH TERR  
City-St-Zip: MIAMI, FL 33169

Title: M  
Name: HANKS, CLINTON E  
Address: 18520 N.W. 67 AVE #315  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TWANN DIXON

VP

02/05/2010

Electronic Signature of Signing Officer or Director

Date