

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

04 JAN -6 PH 2:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P29239**

1. Corporation Name

**INDEPENDENT CHARITIES OF AMERICA, INC.**

Principal Place of Business

Mailing Address

21 TAMAL VISTA BL  
SUITE 209  
CORTE MADERA CA 94925  
US

21 TAMAL VISTA DRIVE  
#209  
CORTE MADERA CA 94925  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1990

5. FEI Number

94-3067804

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MEAD, NANCY CALDWELL	7600 PARKLAWN STR 248	MINNEAPOLIS MN 55435
VT	BOYER, ED	7502 DIPLOMAT DR SUITE 101	MANASSAS VA 20108
ST	PETTITT, JOHN	13445 GLEN OAKS BL	SYLMAR CA 91342

600026136486

01/06/04--01042--004 \*\*236.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABRAMS, DAVID  
777 17TH STREET  
SUITE 401  
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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 Abrams*

Date

12/26/03

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:

*Nancy Caldwell Mead*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3/03

915 945 2724

CR2E040 (7/03)