

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 24 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P93000004722

International Business Consultancy, Inc.

2. Principal Office Address

21 SE 1<sup>st</sup> Avenue

Suite, Apt. #, etc.

10<sup>th</sup> Floor

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

21 SE 1<sup>st</sup> Avenue

Suite, Apt. #, etc.

10<sup>th</sup> Floor

City & State

Miami, Florida

Zip

33131

Country

USA

**REINSTATEMENT 02-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

1/19/1993

5. FEI Number

650381778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Richard G. Toledo, Esq.

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

21 SE 1<sup>st</sup> Avenue

Suite, Apt. #, Etc.

10<sup>th</sup> Floor

City

Miami

400049736534

04/04/05--01003--004 \*\*1200.00

State

FL

Zip Code

33131

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

Richard Toledo

REGISTERED AGENT MUST SIGN

Date

3/22/05

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	Heinrich-Hanau-Schaumburg	100 South Point Drive #3901	Miami Beach, FL 33139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

Daytime Phone #