

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 APR 30 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083654**

1. Corporation Name

INTERNATIONAL COMMUNITY MARKETING, INC

Principal Place of Business

**120 UNIVERSITY PARK DRIVE
SUITE 150
WINTER PARK, FL 32792**

Mailing Address

**PO Box 1752
GOLDENROD, FL 32733**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

120 UNIVERSITY PARK DRIVE

Suite, Apt. #, etc.

SUITE 150

City & State

WINTER PARK, FLORIDA

Zip

32792

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/7/93

5. FEI Number

59-3214002

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D	AMMAN CHARANI	120 UNIVERSITY PARK DRIVE SUITE 150	WINTER PARK, FL 32792
T	DENNIS P VECIA	120 UNIVERSITY PARK DRIVE SUITE 150	WINTER PARK, FL 32792

300002169523-1

05/07/97-01065-021

*****923.75 ***923.75**

REINSTATEMENT

4/29/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DENNIS P VECIA

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

120 UNIVERSITY PARK DRIVE

Suite, Apt. #, Etc.

SUITE 150

City

WINTER PARK

State

FL

Zip Code

32792

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.

Signature of
Registered Agent

Dennis P Vecia

REGISTERED AGENT MUST SIGN

Date

4/29/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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.

DENNIS P. VECIA TREASURER

SIGNATURE:

Dennis P Vecia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

407-679-5455

Daytime Phone #

CR2E040 (12/96)