

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -2 AM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

pg 460078716

1. Corporation Name *INTERNATIONAL TECHNOLOGY CENTER, INC.*
500 S. Florida Ave., Suite #600
Lakeland, FL 33801

Principal Place of Business

Mailing Address

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3255674

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO	HANS J. HENNING	3302 KILMORE DR.	LAKELAND, FL 33803
T	A. DAVID GROY	4927 DAWNVIEW LN.	LAKELAND, FL 33811

REINSTATEMENT *95-97*
6-4-97
900002203189-3
-06/05/97-01102-003
****1008.75 ***1008.75*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DAVID C. DALE, P.A.

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

500 S. Florida Ave.

Suite, Apt. #, Etc.

Suite #634

City

Lakeland

State

FL

Zip Code

33801

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

David C. Dale
REGISTERED AGENT MUST SIGN

Date

5/28/97

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.

SIGNATURE:

A. David Groy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A. DAVID GROY

Date

May 28, 1997
941-646-9200

CR2040 (12/96)