

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

97 NOV -6 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000083106**

1. Corporation Name

**INTERNATIONAL LEGAL COUNSEL PROFESSIONAL ASSOCIATION**

Principal Place of Business

5850 T.G. LEE BLVD.  
SUITE 650  
ORLANDO FL 32822  
US

Mailing Address

POST OFFICE BOX 691353  
ORLANDO FL 32869

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

10/20/1994

5. FEI Number

59-3284457

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip  |
|---------------|---|--|--|
| D             | ABRAHAM, ROBIN                            | 206 QUAYSIDE CIRCLE STE. 503   | ORLANDO FL 32869   |
|               |   | 5850 T.G. LEE BLVD.<br>SUITE 650<br>ORLANDO, FL 32822  | ORLANDO, FL 32822  |
|               |   |  | 400002342124--7<br>-11/07/97-0111-010<br>****750.00 ****750.00 |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

ABRAHAM, ROBIN  
206 QUAYSIDE CIRCLE STE. 503  
MAITLAND FL 32751

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/31/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

10/31/97

Date

Daytime Phone #

CR2E040 (8/97)