PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILEU SECKETARY OF STATE SYTSION OF CORPORATIONS **Katherine Harris FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 OCT 13 PM 3:58 P950000 40676 DOCUMENT # InnCon America Fre. REINSTATEMENT 08-9 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 Date Incorporated or Qualified
To Do Business in Florida 1996 Suite, Apl. #, elc Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3325786 Not Applicable CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status Country Zin 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) and/or Directors (Do NOT Use Post Office Box Numbers) Dia, 527 N. Semaran Bluo \$00003019075---10/20/99--01007--015 \*\*\*\*300.00 \*\*\*\*300.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MOQUE Address (I Suite, Apt. #, Etc. State Zip Code Dampo 3280 ed agent of the above named conforation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the Signature of Registered Agent EGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for Information on intangible tax.) Yes 🗵 No 🗀 Intangible Personal Property Tax due June 30. 12. Licertify 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. DEAN F. MCCABE 301/99 DAVING Phone & SIGNATURE: