

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
96 NOV 18 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000062678**

1. Corporation Name

INTERNATIONAL FINANCIAL CORP.

Principal Place of Business

7101 W. MCNAB ROAD
SUITE 200
TAMARAC FL 33321

Mailing Address

7101 W. MCNAB ROAD
SUITE 200
TAMARAC FL 33321

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

2. New Principal Office Address, If Applicable

5001 N. DIXIE HIGHWAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5001 N. DIXIE HIGHWAY
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1995

5. FEI Number

Applied For

APPLIED FOR

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33431

Country

Zip
33431

Country

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/T/S/D	NELSON, FRAN R	5821 N.W. 25TH TERRACE	BOCA RATON FL 33408
			300002011039--2
			-11/21/96--01044--010
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

ZIPPIN, ROBERT S
7101 W. MCNAB ROAD
SUITE 200
TAMARAC FL 33321

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/14/96**

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:

FRAN R. NELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOVEMBER 1, 1996

Date

Daytime Phone #

CR22040 (7/95)