

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066341

1. Corporation Name

INTERNATIONAL CATASTROPHE, INC.

2. Principal Office Address - No P.O. Box #

11775 Lillian Highway

Suite, Apt. #, etc.

3. Mailing Office Address

11775 Lillian Highway

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32506

Country

USA

Zip

32506

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 8/28/1995

FEI Number

593356666

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christine A. Flamer-Henderson

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

11775 Lillian Highway

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Christine A. Flamer-Henderson
REGISTERED AGENT MUST SIGN

Date

X 4/9/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer/Director	Christine A. Flamer-Henderson	11775 Lillian Highway	Pensacola, FL 32506

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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

Christine A. Flamer-Henderson

Christine A. Flamer-Henderson

Date

4/9/10

Daytime Phone #