

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 SEP 26 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

DOCUMENT # **P95000080683**

1. Corporation Name **INTERNATIONAL PROPERTY CONSULTANTS, INC.**

2. Principal Office Address

2999 N.E. 191 STREET

Suite, Apt. #, etc.

900

City & State

AVENTURA, FL

Zip

33180

Country

DADE

3. Mailing Office Address

2999 N.E. 191 STREET

Suite, Apt. #, etc.

900

City & State

AVENTURA, FL

Zip

33180

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0622330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2000**

7. Name and Address of Current Registered Agent

Name

ADAM R. SCHIFFMAN

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

2999 N.E. 191 STREET

Suite, Apt. #, Etc.

900

City

AVENTURA

State  
FL

Zip Code  
33180

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

Date **9/27/00**

REGISTERED AGENT MUST SIGN

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
PRES.	WENDY AUERBACH	APT. # 1 9880 W. Bay Harbor Drive	Bay Harbor Island, FL 33154
SECTY	WENDY AUERBACH	9880 W. Bay Harbor Drive	Bay Harbor ISLAND, FL 33154
TREAS.	WENDY AUERBACH	9880 W. Bay Harobr Drive	Bay Harbor Island, FL 33154
DIR.	ADAM R. SCHIFFMAN	2999 N.E. 191 Strëet,	AVENTURA, FL 33180

10. 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

Date

Daytime Phone #

CR2E081 (9/99)