

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

98 DEC -8 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000004277

1. Corporation Name

IDIC, INC.

Principal Place of Business

116 CANAL STREET
SUITE E
NEW SMYRNA BEACH FL 32168

Mailing Address

116 CANAL STREET
SUITE E
NEW SMYRNA BEACH FL 32168



REINSTATEMENT 98

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3444071

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ZAYED, TAWFIK	116 CANAL STREET, SUITE E	NEW SMYRNA BEACH FL 32168
STD	ZAYED, NEFISSA	116 CANAL STREET, SUITE E	NEW SMYRNA BEACH FL 32168
D	ZAYED, AMIR	116 CANAL STREET, SUITE E	NEW SMYRNA BEACH FL 32168
D	ZAYED, AYAH	116 CANAL STREET, SUITE E	NEW SMYRNA BEACH FL 32168

8. Name and Address of Current Registered Agent

ZAYED, TAWFIK
116 CANAL STREET
SUITE E
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002713217--7

-12/15/98-01078-006

****750.FL****750.00

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

Tawfik Zayed

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/1/98

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:

Tawfik Zayed
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/98

Date

Daytime Phone #

CR25040 (9/98)