

01/004600032605 1072
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 21 AM 10:45

DOCUMENT #

P97000018008

1. Corporation Name

INTERCONTINENTAL DISTRIBUTION
ENTERPRISES COAP

REINSTATEMENT

01-04

2. Principal Office Address

1130 S. POWERLINE RD

Suite, Apt. #, etc.

SUITE 103

City & State

DEERFIELD BEACH FL

3. Mailing Office Address

7777 TRAVELERS TREE DR

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

33442

Country

USA

Zip

FL

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1997

5. FEI Number

650731042

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

PHILLIP JOSEPH

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

1130 S POWERLINE RD

Suite, Apt. #, Etc.

SUITE 103

City

BOCA RATON - DEERFIELD BEACH

State

FL

Zip Code

33442

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/18/2004

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 |
|--------|--------------------------------------|---|---|
| P | JOSEPH PHILIP ALLEN | 7264 ARCADIA CT | BOCA RATON FL 33433 |
| | | | 200040501162 03/21/04-01065-001 **158.75 |
| | | | 03/21/04-01065-001 **158.75 |
| | | | |
| | | | |

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/2004

Date

561-239-9567

Daytime Phone #

CR2E081 (01/04)

292

INTERCONTINENTAL DISTRIBUTION ENTERPRISES CORP

1130 S Powerline Rd, Suite 103
Deerfield Beach FL, 33442
Tel: 561 239 9637

Email: Mandela@bellsouth.net

Att: Reinstatement Division
Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

August 18, 2004

RE:INTERCONTINENTAL DISTRIBUTION ENTERPRISES CORP


To Whom it may Concern:

With reference to the above mentioned company, we have become inactive. The reason for its current status is that the owner has been out of the country and did not receive any of the forwarded mail.

Please find enclosed the past 2 years and current year payments that are due in order to re-activate the company. I would be most grateful if you would waive any penalties and fees and accept the enclosed check as payment in full to re-activate the company.

Please feel free to contact me with any questions or concerns. Thank you again for your assistance.

Sincerely yours,



Phillip Joseph
IDEC