

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 20 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000028343

1. Corporation Name

Intercultural Communication, Inc.

2. Principal Office Address

18411 Keystone Grove Blvd

3. Mailing Office Address

PO Box 545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa FL

City & State

Odessa FL

Zip

33556

Country

US

Zip

33556-0545

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

1997

5. FEI Number

65-0736348

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

Daryl L Johnson

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

18411 Keystone Grove Blvd

Suite, Apt. #, Etc.

City

Odessa

State
FL

Zip Code

33556

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**

Daryl L Johnson
REGISTERED AGENT MUST SIGN

Date 11-14-02

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
CEO	Daryl L Johnson	18411 Keystone Grove Blvd	Odessa FL 33556
COO	Tammy P Johnson	18411 Keystone Grove Blvd	Odessa FL 33556

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:

Daryl L Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl L Johnson

11-14-02 813-926-2617

Date

Daytime Phone #

CR2E081 (9/01)