

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FORG8
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA70000066967**
1. Corporation Name **INTERNATIONAL CONSUMER GROUP INC**

FILED
99 FEB 18 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
803 E. PALMETTO PKWY, SUITE 308
BOCA RATON FL. 33432
BOCA RATON FL. 33432

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For
Not Applicable

6. 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRESIDENT	IAN T. PAYNE	7081 N.W. 1st AVE	BOCA RATON FL. 33487
V/PRES	BOBBIE A. PAYNE	7081 N.W. 1st AVE	BOCA RATON FL. 33487

2000002780982-9
-02/19/99--01078--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

IAN T. PAYNE
7081 N.W. 1st AVE
BOCA RATON
FL. 33487

9. Name and Address of New Registered Agent

Name IAN T. PAYNE
Street Address (P.O. Box Number is Not Acceptable)
7081 N.W. 1st AVE
Suite, Apt #, Etc NONE
City BOCA RATON

State FL Zip Code 33487

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

REGISTERED AGENT MUST SIGN

Date 12/31/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒ NONE DUE.

(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)(g), 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

12/31/98 (561) 417-8773
Date Daytime Phone #