

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P-1

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 DEC 14 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000087079

1. Corporation Name

INTERNATIONAL CARD SYSTEMS CORP.

Principal Place of Business

Mailing Address

1520 NEPTUNE DR.  
BOYNTON BEACH FL 33426

1520 NEPTUNE DR.  
BOYNTON BEACH FL 33426



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

Suite, Apt. #, etc.  
902 SW 35<sup>th</sup> AVE

Suite, Apt. #, etc.  
902 SW 35<sup>th</sup> AVE

City & State  
BOYNTON BEACH FL

City & State  
BOYNTON BEACH FL

Zip  
33435

Country  
USA

Zip  
33435

Country  
USA  
PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1997

5. FEI Number

65-0820846

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
PRES	A.B. URQUHART	902 SW 35 <sup>th</sup> AVE	BOYNTON BEACH FL 33435

900002720819--9.  
-12/23/98--01049--015  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

URQUHART, KENNETH G  
926 SW 27TH TERRACE  
BOYNTON BEACH FL 33435

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/11/98

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/98

Daytime Phone #

(561)  
369-3435

CR2E040 (9/98)

AG


**ICS CORP**  
**902 SW 35<sup>th</sup> Avenue**  
**Boynton Beach FL 33435**

12/10/98

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

Re - Application for Reinstatement

We did not receive any notices regarding the filing of an annual report. Therefore we respectfully request that you waive the late fees. Enclosed is our check for \$150 as instructed. Thank you. Our company is a startup aircraft dealership and so far we have not conducted any business.

  
A B Urquhart, President