

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000002128

1. Corporation Name

INTERNATIONAL DISPLAY CENTER, INC.

2. Principal Office Address - No P.O. Box #
755 NW 72 AVE.

3. Mailing Office Address
11222 NW 47 LANE

Suite, Apt. #, etc.
PLAZA 19

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
DORAL, FL

Zip
33126

Country
USA

Zip
33178

Country
USA

7. Name and Address of Current Registered Agent

Name
HUSSEIN GHANDOUR

Street Address (P.O. Box Number is Not Acceptable)
11222 NW 47 LANE

Suite, Apt. #, Etc.

City
DORAL,

State
FL

Zip Code
33178

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

REGISTERED AGENT MUST SIGN

Date **OCTOBER 22, 2007**

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/V/D	HUSSEIN GHANDOUR	11222 NW 47 LANE	DORAL, FL 33178

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 contained in Chapter 119, 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

OCTOBER 22, 2007 305-266-1038

Date

Daytime Phone #

FILED

2007 OCT 24 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **JANUARY 8, 1998**

5. FEI Number
65-0805085

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.