

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 AUG -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000021192

1. Corporation Name

INT'L COMMERCE CONSULTANTS & INVESTMENT GROUP CORP.

2. Principal Office Address - No P.O. Box #

2315 NW 107TH AVE

3. Mailing Office Address

2315 NW 107TH AVE

Suite, Apt. #, etc.

BUILDING 1 SUITE 12 BOX 60

Suite, Apt. #, etc.

BUILDING 1 SUITE 12 BOX 60

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

US

Zip

33172

Country

US

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 16, 1998

5. FEI Number

☒ 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
RUBEN GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable)
2315 NW 107TH AVE

Suite, Apt. #, Etc.
BUILDING 1 SUITE 12 BOX 60

City
MIAMI

State
FL

Zip Code
33172

☒ 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.

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

Ruben Goldstein

Date JULY 5, 2007

REGISTERED AGENT MUST SIGN

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
PST	RUBEN GOLDSTEIN	2315 NW 107TH AVE BUILDING1 SUITE 12 BOX 60	MIAMI FL 33172

REINSTATEMENT 08-07-200107206657
08/02/07--01055--003 **1950.00

RH

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:

Ruben Goldstein

JULY 5, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #