

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

02 FEB 26 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000028349**

1. Corporation Name

**INTERNATIONAL LENDING, INCORPORATED**

Principal Place of Business

Mailing Address

2010 NE 6TH AVE  
WILTON MANORS FL 33305

1314 E LAS OLAS BLVD  
219  
FORT LAUDERDALE FL 33304

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



REINSTATEMENT

2001-2002

2. New Principal Office Address, if Applicable  
**950 S. Pine Island Road  
Suite 150-A  
Plantation FL 33324  
USA**

3. New Mailing Office Address, if Applicable  
**950 S. Pine Island Road  
Suite 150-A  
Plantation FL 33324  
USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**03/26/1998**

5. FEI Number  
**65-0823028**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	GARDNER, LAWRENCE A	1402 EAST LAS OLAS BLVD. #219	FORT LAUDERDALE FL 33301

000005108410-1  
-03/14/02--01060--025  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARDNER, LAWRENCE ADAM  
2010 NE 6TH AVE  
WILTON MANORS FL 33305

Name  
**Lawrence Adam Gardner**  
Street Address (P.O. Box Number is Not Acceptable)  
**1314 East Las Olas Blvd  
Suite 219  
Fort Lauderdale FL 33301**

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

*Lawrence Adam Gardner*

Date

1-21-02

REGISTERED AGENT MUST SIGN

11. 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)(f), 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:

*Lawrence Adam Gardner*

Date

1-21-02

9-54-797-8773

(10/9) 070323