

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000040511

1. Corporation Name

INTERNATIONAL CONSULTING PARTNERS, INC.

Principal Place of Business

444 BRICKELL AVE  
SUITE 51-149  
MIAMI FL 33131-2492

Mailing Address

444 BRICKELL AVE  
SUITE 51-149  
MIAMI FL 33131-2492

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

05/04/1998

SP

5. FEI Number

65-083-7327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ § 875.27, F.S. (Reinstatement)

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	4 City / State / Zip
P	Lourdes Alfonso	5 Island Ave. Apt 115	Miami Beach FL 33139

500003063535--8  
-12/07/99--01093--003  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

ALFONSO, LOURDES  
444 BRICKELL AVE  
SUITE 51-149  
MIAMI FL 33131-2492

9. Name and Address of New Registered Agent

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

*Lourdes Alfonso* REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/15/99

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)(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:

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

10/15/99 (205)  
856-3401  
Date Daytime Phone #

0025040 (8/99)