

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000083785

1. Corporation Name

INTERNATIONAL LICENSING CORPORATION

Principal Place of Business

7280 W. PALMETTO PARK RD. STE. 205N
BOCA RATON FL 33433

Mailing Address

7280 W. PALMETTO PARK RD. STE. 205N
BOCA RATON FL 33433

FILED

99 NOV 22 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Former Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Zip

Country

Zip

Country

65-0877090

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	4 City / State / Zip
D	FINKELSTEIN, CHARLES	4480 COTE DE LIESSE BUREAU 306	MONTREAL QUEBEC H4N2R1, CAN
D	CORCORAN, TERRY	4480 COTE DE LIESSE BUREAU 306	MONTREAL QUEBEC H4N2R1, CAN

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TS ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE TURBARY GROUP
7280 W. PALMETTO PARK RD. STE. 205N
BOCA RATON FL 33433

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

Levin L. Johns

Date

10/19/99

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)(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:

Charles Finkelstein

Charles Finkelstein

Nov. 2.99

800-361-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



INTERNATIONAL LICENSING CORPORATION

October 29, 1999

SUBJECT: CANCELLATION OF REINSTATEMENT FEE

To Whom It May Concern,

As we are a newly formed company we were unaware of having to send an Annual report, due May 1999. We were not sent a reminder of above-mentioned Annual Report until receipt for Reinstatement Application in October, 1999.

We were duly surprised at the amount of \$750.00 requested for reinstatement. As it was an oversight on our part and certainly not intentional, we would much appreciate you cancelling the Reinstatement Fee and accepting our cheque for the amount of \$150.00.

Sincerely,

Charles Finkelstein,
President.