

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026828

1. Corporation Name

INTELLIGENT CONSULTING CORPORATION

Principal Place of Business

282 FAN PALM ROAD
BOCA RATON FL 33432

Mailing Address

282 FAN PALM ROAD
BOCA RATON FL 33432

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

03/18/1999

5. FEI Number

65-1046376
65-1046376

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VILLA, JAMES A	282 FAN PALM ROAD	BOCA RATON FL 33432
			400012305784 03/07/03--01008--009 **150.00
			400012305784 03/07/03--01008--009 **150.00

8. Name and Address of Current Registered Agent

VILLA, JAMES A
282 FAN PALM ROAD
BOCA RATON FL 33432

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 507.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

SIGN HERE

Date

1-29-03

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGN HERE

Date

1-29-03

Daytime Phone #

CR2040 (8/02)

February 27, 2003

Florida Department of Revenue
Division of Corporations
Annual Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

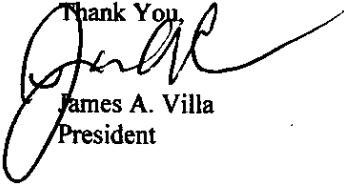
Re: Intelligent Consulting Corporation

To Whom It May Concern:

I have enclosed an addition check in the amount of \$150.00 bringing the total to \$300.00 sent for reinstatement along with a copy of your letter and the application form as you requested.

Please have the corporation reinstated.

Thank You,

A handwritten signature in black ink, appearing to read 'James A. Villa', is written over the typed name and title.

James A. Villa
President