

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000074474**

1. Corporation Name

INTERCONTINENTAL PURCHASING AGENCY, INC.

Principal Place of Business

8840 N.W. 32ND ST.
CORAL SPRINGS FL 33065

Mailing Address

8840 N.W. 32ND ST.
CORAL SPRINGS FL 33065

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. **5557 NW 12th Avenue**
City & State **Miami FL**

Zip **33166** Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **5557 NW 12th Ave**
City & State **Miami FL**

Zip **33166** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1999

5. FEJ Number

65-0945085

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BARBOT, CHANTALE	8840 N.W. 32ND ST.	CORAL SPRINGS FL 33065

500003433755--5

-10/20/00-01065-023

******750.00 ****750.00**

10/13/00

8. Name and Address of Current Registered Agent

BARBOT, CHANTALE
8840 N.W. 32ND ST.
CORAL SPRINGS FL 33065

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/13/00**

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 REQUIRED
Chantale Barbot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00
Date

(305) 805 9455
Daytime Phone #

CR2040 (8/00)