PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 24 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081962

1. Corporation Name
INTERNATIONAL CAREER AND TRAINING INSTITUTE INC

REINSTATEMENT 03.

500025757075
12/24/03--01040--023 **158.75

2. Principal Office Address	**3.** Mailing Office Address
1005 NE 125 St	1005 NE 125 St
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. Suite 102
City & State NORTH MIAMI FLORIDA	City & State NORTH MIAMI FLORIDA
Zip 33161 Country USA	Zip 33161 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/16/1999

5. FEI Number 65-094 7977 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: de VALDEZ, MARIA E.

Street Address (P.O. Box Number is Not Acceptable): 1005 NE 125 St

Suite, Apt. #, Etc.: Suite 102

City: NORTH Miami | State: FL | Zip Code: 33161

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Maria de Valdez — Date: 12/10/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	de VALDEZ, MARIA	1005 NE 125 St	NORTH Miami, FL 33161
V	BROS, GERARD Y.	1005 NE 125 St	NORTH Miami, FL 33161
St	Alberti, JEAN MAXENE	1005 NE 125 St	NORTH Miami, FL 33161

10. 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.

MARIA E. de VALDEZ

SIGNATURE: Maria de Valdez, P — 12/10/03 — 786-2873629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/10/03

TO: DIVISION of CORPORATIONS
ANNUAL REPORT
PO BOX 6327
Thalahassee FL 32314-6327

FROM: DR MARIA E de VALDEZ
INTERNATIONAL CAREER
& TRAINING INSTITUTE
1005 NE 125 ST
NORTH MIA, FL 33161

RE: ANNUAL REPORT

DEAR SIR,

This letter is to make you aware of the fact that we haven't Received the Application for Annual Report & We had been obligeed to call your office to have one. We thank you very much for the matter. Please Receive the application package along with this letter

Sincerely yours

DR MARIA E de VALDEZ