

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 7:07

DOCUMENT # F00000002896

1. Corporation Name

IT TECHNICAL SERVICES, INC.

Principal Place of Business

110 S.E. 6TH STREET, SUITE 1950
FT. LAUDERDALE FL 33301

Mailing Address

110 S.E. 6TH STREET, SUITE 1950
FT. LAUDERDALE FL 33301



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

REINSTATEMENT

01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/23/2000	
City & State		City & State		5. FEI Number	
Zip		Country		65-1007677	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	SION, MAURICIO	110 S.E. 6TH STREET, SUITE 1950	FT. LAUDERDALE FL 33301
VD	JOHNSON, JOHN	TRINITY HOUSE, 114 N. ENDEN ROAD	SALE CHESHIRE, ENGLAND
SD	SION, LAURA	110 S.E. 6TH STREET, SUITE 1950	FT. LAUDERDALE FL 33301
TD	COHEN, MICHAEL	TRINITY HOUSE, 114 N. ENDEN ROAD	SALE CHESHIRE, ENGLAND
			700004661347-0 -10/31/01--01064--014 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

Barbara A. Burke

BABARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

10-17-01

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.

AD

SIGNATURE:

Mauricio Sion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

(800)400-2149

Daytime Phone #

CR2E040 (8/01)