

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000004330

**FILED**  
**Oct 16, 2006**  
**Secretary of State**

**Entity Name:** INTERNATIONAL STRATEGIC BUSINESS SOLUTIONS, INC.

**Current Principal Place of Business:**

5204 NAUTICA LAKE CIR  
GREENACRES, FL 334635943

**New Principal Place of Business:**

5204 NAUTICA LAKE CIR  
GREENACRES, FL 334635943

**Current Mailing Address:**

5204 NAUTICA LAKE CIR  
GREENACRES, FL 334635943

**New Mailing Address:**

5204 NAUTICA LAKE CIR  
GREENACRES, FL 334635943

FEI Number: 52-2107683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IYER, SMITA  
5024 NAUTICA LAKE CIR  
GREENACRES, FL 33463 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SMITA IYER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: IYER, VENKAT  
Address: 5024 NAUTICA LAKE CIR  
City-St-Zip: GREENACRES, FL 33463

Title: D ( ) Delete  
Name: IYER, SMITA  
Address: 5024 NAUTICA LAKE CIR  
City-St-Zip: GREENACRES, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SMITA IYER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/16/2006

\_\_\_\_\_  
Date