

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 14 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M72936

1. Corporation Name
INFORMATION SYSTEMS BUILDERS, INC.

Principal Place of Business
**3959 NOVA ROAD
SUITE 22
PORT ORANGE FL 32127**

Mailing Address
**3959 NOVA ROAD
SUITE 22
PORT ORANGE FL 32127**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2879360

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HOWELL, CHARLES C.	5904 WOODPOINT TER	PORT ORANGE FL
D	ROESSLER, JUDY R.	5904 WOODPOINT TER	PORT ORANGE FL
			400002349974--8 -11/18/97--01018--025 ****750.00 ****750.00

REINSTATEMENT

11/14/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HOWELL, CHARLES C.
5904 WOODPOINT TER
PORT ORANGE FL 32124**

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

Charles C. Howell

REGISTERED AGENT MUST SIGN

Date **11/10/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

Charles C. Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97 904-756-8758
Date Daytime Phone #

CR2E040 (8/97)