

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 FEB -7 PM 12:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049760**

1. Corporation Name
ITS HOLDINGS, INC.

Principal Place of Business Mailing Address
444 BRICKELL AVENUE SUITE 650 MIAMI FL 33131 US
444 BRICKELL AVENUE SUITE 650 MIAMI FL 33131
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

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.		07/06/1994 SP	
City & State		City & State		5. FEI Number	
Zip		Country		65-0503619	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CEBALLOS-WEINTRAUB, CLAIRE	444 BRICKELL AVENUE SUITE 650	MIAMI FL 33131
D	ELLIS, MARSHALL	444 BRICKELL AVENUE SUITE 650	MIAMI FL 33131
CEOD	WEINTRAUB, ALBERT	444 BRICKELL AVENUE SUITE 650	MIAMI FL 33131
D	FERRE, MAURICE	444 BRICKELL AVENUE SUITE 650	MIAMI FL 33131
STD	ROBERT LEWIS	444 BRICKELL AVE, SUITE 650	MIAMI FL 33131

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CEBALLOS-WEINTRAUB, CLAIRE 444 BRICKELL AVENUE SUITE 650 MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		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 _____ Date **2/4/00**
SIGNATURE REQUIRED
 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.

SIGNATURE: **SIGNATURE REQUIRED** _____ Date **2/4/00** Daytime Phone # **305 372 8722**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)