

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

96 OCT 30 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093423

1. Corporation Name

INTERACTIVE SOLUTIONS ENTERPRISES INC.

Principal Place of Business

Mailing Address

2915 SW 105 CT.
MIAMI FL 33185

2915 SW 105 CT.
MIAMI FL 33185

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

12/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0624033

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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
DPST	SOLBERG, MARCOS	2915 SW 105 CT.	MIAMI FL 33185
D	Sirely Solberg	2915 SW 105 CT	Miami FL 33165

REINSTATEMENT 1996

A. Alan

10-30-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLBERG, MARCOS
2915 SW 105 CT.
MIAMI FL 33185

Name

Street Address (P.O. Box Number is Not Acceptable)

800001998768--6

Suite, Apt. #, Etc.

11/07/96--01026--013

City

State

Zip Code

FL

375.00

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

[Signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date

9/23/95

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/95

Date

Daytime Phone #