PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAY -7 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000054135**

1. Corporation Name

INTERNATIONAL WORK SERVICES I.W.S. INC.

Principal Place of Business	Mailing Address
C/O GEOFFREY M. WAYNE, P.A. 1001 BRICKELL BAY DRIVE, SUITE 2702 MIAMI FL 33131-4940	C/O GEOFFREY M. WAYNE, P.A. 1001 BRICKELL BAY DRIVE, SUITE 2702 MIAMI FL 33131-4940

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 93-99

4. Date Incorporated or Qualified To Do Business in Florida: 06/25/1996

5. FEI Number: 74-2796819 — Applied For ☐ Not Applicable ☐

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~~	~~ARGERI, PAOLO~~	~~18250 COLLINS AVE.~~	~~MIAMI BEACH FL 33160~~
~~P~~	~~GLORSETH, ISIDORO~~	~~18250 COLLINS AVE.~~	~~MIAMI BEACH FL~~
D/P/S	Curro, Pietro	Via M. Staglieno, 10/29	Genoa 16129, Italy
VP	Arceri, Paolo	1612 Pennsylvania Avenue, Apt. 6	Miami Beach, FL 33139

500002RR3315--5
-05/24/99--01005--018
****900.00 ****900.00

8. Name and Address of Current Registered Agent

~~WAYNE COLLINS AVENUE, GEOFFREY M.~~
~~1001 SOUTH BAYSHORE DRIVE~~
~~SUITE 2702~~
~~MIAMI FL 33131-4900~~

9. Name and Address of New Registered Agent

Name: Geoffrey M. Wayne
Street Address (P.O. Box Number is Not Acceptable): 1001 Brickell Bay Drive
Suite, Apt. #, Etc: Suite 2702
City: Miami
State: FL
Zip Code: 33131-4940

CR2E040 (9/98)

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: Geoffrey M. Wayne — REGISTERED AGENT MUST SIGN — Date: 5.6.99

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/6/99 — Daytime Phone #