

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV 27 PM 5:08

DOCUMENT # **P99000078612**

1. Corporation Name

INTERACTIVE SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

777 E. ATLANTIC AVENUE #2
 DELRAY BEACH FL 33483

777 E. ATLANTIC AVENUE #2
 DELRAY BEACH FL 33483



REINSTATEMENT 00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/02/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-095-7772	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
D	MARC, JOSEF	218 NE 5TH COURT	DELRAY BEACH FL 33444
			100003496921--1 -12/12/00--01045--012 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARC, JOSEF 218 NE 5TH COURT DELRAY BEACH FL 33444		Name	
		Street Address (P.O. Box Number is Not Acceptable) 258 SE 6th Avenue	
		Suite, Apt. #, Etc. Suite 3	
		City DeLray Beh	
		State FL	
		Zip Code 33483	

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]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 11-22-00

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]* **SIGNATURE REQUIRED** Josef Marc Date 11-22-00 Daytime Phone # 561-330-8600

CR2E040 (8/00)