

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 OCT 19 PM 3:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V04663**

1. Corporation Name
INTERNATIONAL SYSTEMS INTEGRATION SERVICES, INC

Principal Place of Business	Mailing Address
P O BOX 65-2653 MIAMI FL 33265-653 US	1435 SW 104TH AVE MIAMI FL 33174



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.		01/03/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0317812	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For	
				Not Applicable	
8. \$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	CALIENES, ARMANDO L. SR	1435 SW 104TH AVE	MIAMI FL

100003026781--8
 -10/27/99--01082--004
 ****750.00 ****750.00

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CALIENES, ARMANDO L. SR 1435 SW 104TH AVE MIAMI FL 33174		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			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: [Signature] Date: 10/13/99

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)(l), 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] Date: 10/13/99 Daytime Phone # [Number]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR