

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/09/03--01040--003 \*\*150.00

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07/18/03--01098--001 \*\*400.00

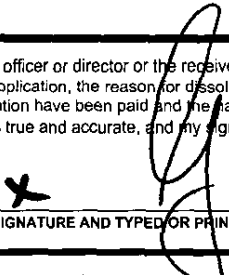
<b>CORPORATION REINSTATEMENT</b> <b>03</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 315854</b>			
<b>1. Corporation Name</b> I.S.S., USA, Inc.			
<b>2. Principal Office Address</b> 13899 Biscayne Blvd Suite, Apt. #, etc. # 229 City & State Miami, FL Zip 33181 Country U.S.A.		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/18/1967	
<b>5. FEI Number</b> 59-1164460	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name Arthur Glowacki		
Street Address (P.O. Box Number is Not Acceptable) 13899 Biscayne Blvd		
Suite, Apt. #, Etc. # 229		
City Miami	State FL	Zip Code 33181

<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>	
Signature of Registered Agent	Date
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PD	Arthur Glowacki	13899 Biscayne Blvd STE 229	Miami, FL 33181
VPD	Edward Chwojko	10 Floral Avenue	Key West, FL 33040

<b>10. 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.</b>	
<b>SIGNATURE:</b> 	<b>Date</b> 7/7/03 <b>Daytime Phone #</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	

CR2E081 (10/02)

7/7/21