PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ORIDA DEPARTMENT OF STATE APPLIC Sandra B. Mortham Secretary of State FILED REINSTA **DIVISION OF CORPORATIONS** 344300 **DOCUMENT #** 98 JAN -8 AM 7:51 1. Corporation Name INVESTOR'S SERVICES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 150 2ND AVE N P.O. BOX 47575 STE 970 ST. PETERSBURG FL 33743 ST PETERSBURG FL 33701 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 50 |- 13 Avenue N 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 04/09/1969 Suite, Apt. #, etc. 5. FEI Number Applied For 59-1271892 City & State Not Applicable 6 \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED USA 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip PD CURLEY, GERARD J 150 2ND AVE N STE 970 ST PETERSBURG, FL 33707 400002398064---6 -01/13/98--01038--009 \*\*\*\*315.00 \*\*\*\*315.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CR2E040 (8/97 CURLEY, GERARD J. Street Address (P.O. Box Number is Not Acceptable) 150 2ND AVE N STE 970 ST PETERSBURG FL 33701 Suite, Apt. #, Etc. Zip Code State 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. <u> 30, 1997</u> red Agent REGIS ERED AGENT MUST SIGN-11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. No Yes D 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 filling 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. Date 30, 1997 (\$12)895703 SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR