

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 398827

1. Corporation Name

INVESTORS SERVICES MANAGEMENT, INC.

Principal Place of Business

Mailing Address

150 - 2ND AVE. N
STE. 970
ST PETERSBURG FL 33743
US

P.O. BOX 47575
ST. PETERSBURG FL 33710

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

501 1st Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

33701

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	CURLEY,GERARD J	150 2ND AVE N STE 970	ST. PETERSBURG FL 33701

8. Name and Address of Current Registered Agent

CURLEY, GERALD J.
150 - 2ND AVE. N
STE. 970
ST PETERSBURG FL 33743

9. Name and Address of New Registered Agent

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

Date

Dec 30, 1997

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 30, 1997 813-4953703

FILED
98 JAN -5 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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-01/03/98-01112-015
****315.00 ****315.00

JP
FV-08



INVESTORS SERVICES, INC.

P.O. Box 47575
ST. PETERSBURG, FL 33743-7575



**REALTOR®
&
MORTGAGE BROKER**

GERARD J. CURLEY
PRESIDENT

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Trevor Brumbley

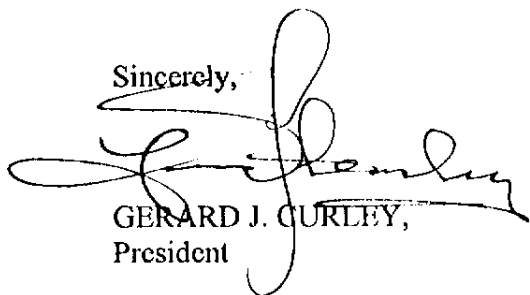
Dear Ms Brumbley:

As you requested, enclosed you will find two checks representing the fee for 1997 and 1998 for Investors Services, Inc. and Investors Services Management, Inc.

Also, included is a copy of the check sent to the State of Florida for corporation Renewal which we will endeavor to have the Department of Professional Regulation reimburse us.

Also, enclosed is the reinstatement application for Investors Services, Inc. and Investors Services Management, Inc. We respectfully request that in view of our prior attempt at filing, that no fees be applied.

Sincerely,



GERARD J. CURLEY,
President