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FROM :

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000004330

1. Corporation Name
INTERNATIONAL STRATEGIC BUSINESS SOLUTIONS INC.

REINSTATEMENT 03-05

MRD

2. Principal Office Address	3. Mailing Office Address
5024 Nautica Lake Cir	5024 Nautica Lake Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenacres, FL	City & State: Greenacres, FL
Zip: 33463-5943 Country: USA	Zip: 33463-5943 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06-23-1998

5. FEI Number: 52-2107083 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ~~Venkat Iyer~~ SMITA IYER

Street Address (P.O. Box Number is Not Acceptable): 5024 Nautica Lake Cir

Suite, Apt. #, Etc.

City: Greenacres | State: FL | Zip Code: 33463

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.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 01-24-2005

CR2E061 (01/03)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Preside	Venkat Iyer	5024 Nautica Lake Cir	Greenacres, FL - 33463
Directo	Smita Iyer	5024 Nautica Lake Cir	Greenacres, FL - 33463

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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.

SIGNATURE: _____ Venkat Iyer 01-24-2005 561-868-5038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #