

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 31 PM 3:44

DOCUMENT # FD2000001512

1. Corporation Name

Information Systems Consultants, Inc.

2. Principal Office Address
301 E. Pine Street

Suite, Apt. #, etc.
150

City & State
Orlando

Zip
32801

Country
Orange

3. Mailing Office Address
2225 Enterprise Drive

Suite, Apt. #, etc.
2505

City & State
Westchester

Zip
Illinois

Country
Cook

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida 8-10-2005

5. FFL Number
36-4103251

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Valerie Henry

Street Address (P.O. Box Number is Not Acceptable)
301 E. Pine Street

Suite, Apt. #, Etc.
150

City
Orlando

State
FL

Zip Code
32801

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

Date 3-24-06

REGISTERED AGENT MUST SIGN

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
CEO	Tyrone Brown	2225 Enterprise Drive	Westchester, IL 60154
President	Valerie Henry	2225 Enterprise Drive	Westchester, IL 60154

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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 contained in Chapter 119, 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

3-24-2006

Date

Daytime Phone #

401-210-3823
708-531
0426

4/4/02