
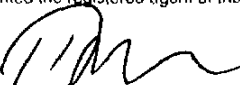



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  98 AUG 19 PM 4:30  SECRETARY OF STATE TALLAHASSEE, FLORIDA  200002621482--3 -08/20/98--01088--020 *****900.00 *****900.00  200002621482--3 -08/20/98--01088--021 *****8.75 *****8.75	
<b>DOCUMENT #</b> 1. Corporation Name <b>INTERNATIONAL PLACEMENT SERVICE, INC.</b>		<b>Flow471</b>			
<b>Principal Place of Business</b> <b>185 N.E. 154 STREET</b> <b>MIAMI, FLORIDA 33162</b>		<b>Mailing Address</b> <b>110 N.W. 154 STREET</b> <b>MIAMI, FLORIDA 33169</b>			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable <b>12300 BISCAYNE BLVD.</b> <small>Suite, Apt. #, etc.</small>		3. New Mailing Office Address, If Applicable  <small>Suite, Apt. #, etc.</small>		4. Date Incorporated or Qualified To Do Business in Florida	
City & State <b>MIAMI, FLA. XXXXX</b>		City & State		5. FEI Number <b>59-2270147</b>	
Zip <b>33181</b>		Country <b>MIAMI-DADE</b>		6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
P	<b>DINESH PRASAD, PRESIDENT</b>	<b>110 N.W. 154 STREET</b>	<b>MIAMI, FLORIDA 33169</b>		
<b>REINSTATEMENT 97-98 B.</b> <div style="position: absolute; top: 10px; right: 10px; font-size: 2em;">8/19</div>					
8. Name and Address of Current Registered Agent <b>DINESH PRASAD</b> <b>110 N. W. 154th Street</b> <b>Miami, Florida 33169</b>			9. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City	State <b>FL</b>	Zip Code
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent </div><div>REGISTERED AGENT MUST SIGN</div><div>Date <b>8/17/98</b></div></div>					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 <b>DINESH PRASAD, PRESIDENT</b>			Date <b>8/17/98</b> 305-891-6732 Daytime Phone #		

CR2E04G (1-98)