

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$900.00

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -8 PM 2:28

DOCUMENT # F66471

1. Corporation Name

INTERNATIONAL PLACEMENT SERVICE, INC.

Principal Place of Business

Mailing Address

12300 BISCAYNE BLVD.  
MIAMI FL 33181

110 N.W. 154 ST.  
MIAMI FL 33169

\*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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/1982

5. FEI Number

59-2270147

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P SEC TR	PRASAD, DINESH	110 NW 154TH ST.	MIAMI FL 33169
VP	ALAN STOFFEL	110 NW 154 ST.	MIAMI, FL 33169
			500003265945--5 -05/24/00--01100--015 ***1050.00 ****900.00

8. Name and Address of Current Registered Agent

PRASAD, DINESH P  
110 NW 154 ST  
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State

FL

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

DINESH PRASAD

Date

10/14/99

11. 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 REQUIRED  
DINESH PRASAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/99

Daytime Phone #

(305)

891-6732

CR2E040 (3/99)