

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 12 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004484

1. Corporation Name

The International Institute
of Business Technologies, Inc.

2. Principal Office Address - No P.O. Box #

1629 K St

Suite, Apt. #, etc.

Suite 300

City & State

Washington, DC

Zip

20006
20006

Country

U.S.A.

3. Mailing Office Address

P.O. Box 910

Suite, Apt. #, etc.

City & State

Oakland, FL

Zip

34760

Country

USA

REINSTATEMENT 04-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/1999

5. FEI Number

521807515

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

Marshall Sokol

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

2812 Falcon Ridge

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Marshall D. Sokol
REGISTERED AGENT MUST SIGN

Date 6/9/08

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
D	Marshall Sokol	1629 K St., Suite 300	Washington DC 20006
D	Joan Sokol	1629 K St., Suite 300	Washington, DC. 20006

200131284162
06/13/08--01028--012 **315.00

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:

Marshall D. Sokol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/08
Date

202-463-9445
Daytime Phone #