

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 DEC 26 PM 3: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **905282**

1. Corporation Name
INTERNATIONAL Systems + Software Inc

2. Principal Office Address
18 Irlbeck Dr.

Suite, Apt. #, etc.

City & State

DeFuniak Spgs FL

Zip

32534

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

97-00

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/82

5. FEI Number

59-2287135

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

Catherine Irlbeck

300003535933

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

18 Irlbeck Dr.

-01712701--01074--013

*****1200.00 ***1200.00**

Suite, Apt. #, Etc.

City

DeFuniak Spgs

State

FL

Zip Code

32435

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

Catherine Irlbeck

Date **12/19/02**

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 |
|----------|--------------------------------------|---|--------------------|
| Pres | Ronald H. Irlbeck | 18 Irlbeck Dr. | DeFuniak Spgs FL |
| Sec/Pres | Catherine Irlbeck | 18 Irlbeck Dr. | DeFuniak Spgs, FL |
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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:

Catherine Irlbeck

Catherine Irlbeck

Date

12/19/02

Daytime Phone #

850-832-7422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR