PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

98 SEP 28 AM 10: 04

ľ	·····
	DOCUMENT # H52841
ļ	1. Corporation Name
İ	Interstate Financial Services, Inc.
i	

Mailing Address

		EIN5 I	AILWE	N 95	98						
2. New Prin	icipa <mark>l Office</mark> Carpen	e incorrect in any way, line Address, If Applicable ters Way	3. New Maili	Information and enter correction below. Ing Office Address, If Applicable eatherpoint Dr. , etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/17/1985 5. FEI Number Applied For					
City & State Lakeland, FL			City & State Lakels	City & State Lakeland, FL		59-252 6.			Not A	Not Applicable	
^{Zip} 3380	•	Country	^{Zip} 33809	Counti	у	1	TE OF STATUS DESIRED		75 Additional Fe or a Certificate o	ee require of Status	
7. Names a Title(s)	mes and Street Addresses of Each Officer and/or Di Name of Officers and/or Directors		nd/or Director (Flo	Stree Office		ions must list at least 3 directors) et Address of Each cer and/or Director e Post Office Box Numbers)		City / State / Zip			
P/S/D	Danie	1 D. Strader		323 Heatherpoint Dr		•	Lakeland,	FL_	33809		
	····					<u>_</u>			-		
							***1296	980 8.25	0101001 ***1200	19	
<u></u>	8. Nar	me and Address of Curre	nt Registered Age	Name and Address of New Registered Agent Name							
		Strader		Street Address (P.O. Box Number is Not Acceptable)							
323 Heatherpoint Dr. Lakeland, FL 33809					Suite, Apt. #, Etc.						
					City			State	Zip Code		
10. I, being	appointed th	ne registered agont of the	no so med corpo	oration, am familiar w	ith and accept the o	bligations of Sec		<u> </u>			
Signature of Registered A	Agent C		REGISTERED AG	ENT MUST SIGN			Date 9 -	-16	·98		
 This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 					ar Yes □	Yes No X (See other side for information on intangible tax.)					
this rains	datement ar	officer or director or the re polication, the reason for di tion have been paid and the	ssolution has been	eliminated, the corpo	orate name satisfies m do not qualify for	the requirement	is of section 607,0401 o	or 617.04	101 , F.S., that al	II fees	

SIGNATURE:

Daniel D. Strader

SUCHAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(941)<u>8</u>53-3816