

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 MAR 24 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **K97772**

1. Corporation Name  
**Intelligent Systems Design, Inc.**

Principal Place of Business  
**14540 SW 136th Street  
MIAMI, FL 33186  
SUITE 202**

Mailing Address  
**P.O. Box 161739  
MIAMI, FL 33116**

**REINSTATEMENT 91-97 AD**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
1989	
5. FEI Number	Applied For
65-0125717	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input 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
PRES.	NAVEED MOHAMMAD	8301 SW 144th Street MIAMI, FL 33158	

800002121228--9

8. Name and Address of Current Registered Agent

**Naveed Mohammad  
8933 S.W. 123rd Court, #106  
Miami, FL 33186**

9. Name and Address of New Registered Agent

Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
Suite, Apt. #, Etc.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

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 *Lisa S. Mulligan* Date **3/3/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **NAVEED MOHAMMAD** *Naveed* 2/20/97 305-234-0777

CR2E040 (12/95)



ACCOUNT NO. : 072100000032

REFERENCE : 277778 7124776

AUTHORIZATION :

*Patricia Puynt*

COST LIMIT : \$ 1636.25

ORDER DATE : February 28, 1997

ORDER TIME : 8:57 AM

ORDER NO. : 277778-005

CUSTOMER NO: 7124776

CUSTOMER: Ms. Ivonne O'donnell  
Intelligent Systems Design,  
7266 Sw 48 Street

Miami, FL 33155

DOMESTIC FILINGS

NAME: INTELLIGENT SYSTEMS DESIGN,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
97 MAR 24 AM 9:52