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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LLC CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000005073

1. Corporation Name ISS, LLC

2. Principal Office Address
13899 Biscayne Blvd, #229
Suite, Apt. #, etc.

3. Mailing Office Address
City & State
Miami FL
Zip
33181
Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 05-01-00

5. FEI Number 65-1012497

6. CERTIFICATE OF STATUS DESIRED ☐ **SE-75** Additional fee applies for a Certificate of Status.

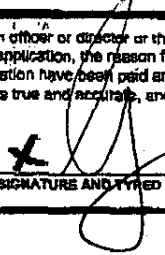
7. Name and Address of Current Registered Agent
Name: Becker & Poliakoff, P.A.
Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive
Suite, Apt. #, Etc.: Suite 100
City: Miami
State: FL
Zip Code: 33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.
Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Times	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	Arthur Glawacki	13899 Biscayne Blvd, #229	Miami - FL 33181

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)(f), 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:  **8/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____

CZ02081 (1/03)

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Louis John Claps, C.P.A. & Associate, P.A.
Certified Public Accountant
10100 West Sample Road
Suite 327
Coral Springs, Florida 33065

(954) 846 - 1040

(954) 846 - 1684 Fax

June 26, 2003

Florida Department of State
Secretary of State
Division of Corporations

RE: ISS, LLC

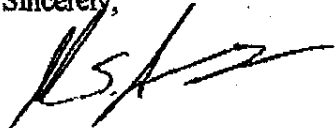
To Whom It May Concern,

Included with this letter is a Corporation Reinstatement form for the above mentioned client. Office personal at ISS, LLC have no records or recollection of receiving the Annual Report for 2002 and 2003. Since they have no records or recollection of receiving the Annual Report they were not acutely aware of the filing requirements. Had they been aware of the filing requirements the Report would have been filed in a timely manner.

As you will notice our client has always filed all other required reports in a timely manner and will also file future Annual Reports in a timely manner. We respectfully request that any penalties and/or fees be abated. Enclosed you will find a check in the amount of \$300.00 for the Annual Report filing fees.

If you have any questions or concerns regarding this matter please feel free to contact me at (954) 846-1040.

Sincerely,



John S. Jennings
Associate

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
AUG 18 2003
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