

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # L08131

1. Corporation Name

INTERNATIONAL SALES AND SERVICE, INC.

Principal Place of Business

Mailing Address

12700 SW 145 ST  
MIAMI FL 33186

12700 SW 145 ST  
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
PD	BRAVO, BRENDA L	12700 SW 145 ST 15500 SW 200 ST	MIAMI FL 33187
D	BRAVO, GERMAN	12700 SW 145 ST 15500 SW 200 ST	MIAMI FL 33187

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GANTT, RAGAN  
9990 SW 77 AVE  
SUITE 330  
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 NOV 16 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2040 (9/96)

**INTERNATIONAL SALES & SERVICE, INC.**

TEL. 305-256-9654 / FAX 305-238-3662

②

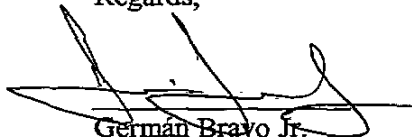
13 Nov 1998

Florida Dept. Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Leslie Sellers / Document Specialist

Enclosed please find my application for reinstatement. As per our telephone conversation, I did not receive the Annual Report forms and ,therefore, did not file on time. I have enclosed an extra \$8.75 for a certificate of status. Please file as soon as possible. Thank you for your help.

Regards,



German Bravo Jr.  
Director