

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **L08131**

1. Corporation Name

INTERNATIONAL SALES AND SERVICE, INC.

99A2

Principal Place of Business

Mailing Address

15500 S.W. 200 STREET
MIAMI FL 33187

15500 S.W. 200 STREET
MIAMI FL 33187

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1989

5. FEI Number

65-0135536

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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	4 City / State / Zip
PD	BRAVO, BRENDA L	15500 S.W. 200 STREET	MIAMI FL 33187
D	BRAVO, GERMAN	15500 S.W. 200 STREET	MIAMI FL 33187

400003051474--5
-11/22/99--01117--007
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRAVO, GERMAN JR.
15500 S.W. 200 STREET
MIAMI FL 33187

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date 11-3-99

REGISTERED AGENT MUST SIGN

11. 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

11-3-99

Date

Daytime Phone #

35-256-9654

INTERNATIONAL SALES & SERVICE, INC.

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

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November 3, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

As per my telephone conversation with one of your employees, I am enclosing this letter with my return. We never did receive the annual report package and as per instructed by your employee I am enclosing a check for \$158.75 to reinstate the company. It is possible that it was lost in the mail since I am basically new to this address and it is a rural (out in the country) address. I have enclosed the \$8.75 for a certificate of status. Thank you in advance for your help.


German Bravo Jr.
Director