

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

00 DEC -8 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **L 10107**

1. Corporation Name
A- INFORMATION NETWORK SERVICE, INC

2. Principal Office Address
3. Mailing Office Address
P.O. Box 65-0974

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country
33265 DADE

REINSTATEMENT 97-00

4. Date Incorporated or Qualified To Do Business in Florida
08/21/89 SP

5. FEI Number Applied For Not Applicable
650148722

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

600003500426-0
-12/13/00-01105-009
*****1200.00 ***1200.00**

City State Zip Code
Tallahassee FL 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
BRIAN COURTNEY, ASST. VP.
REGISTERED AGENT MUST SIGN

Date **12/8/2000**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
POD	BIBIANA COLON	P.O. BOX 65-0974	MIAMI, FL 33265
P/D	BIBIANA COLON	P.O. BOX 65-0974	MIAMI, FL 33265

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)(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: **Bibiana Colon** **BIBIANA COLON** 12-6-00 (305)984-7996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)