

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 18 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L33207

1. Corporation Name

INTERNAL AUDIT SERVICES, INC

200181049822
05/18/10--01023--008 **750.00

REINSTATEMENT 06-10

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

6231 PGA BLVD

3. Mailing Office Address

6231 PGA BLVD

Suite, Apt. #, etc.

STE. 104 #136

Suite, Apt. #, etc.

STE. 104 #136

City & State

PALM BEACH GARDENS, FLORIDA

City & State

PALM BEACH GARDENS, FLORIDA

Zip

33418

Country

USA

Zip

33418

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-28-1989

5. FEI Number

650165463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name G.A. CARP
JOHN V CARP

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

6231 PGA BLVD

Suite, Apt. #, Etc.

STE. 104 #136

City PALM BEACH GARDENS

State FL

Zip Code 33418

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

John G.A. Carp

REGISTERED AGENT MUST SIGN

Date 05-15-2010

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
P	JOHN G.A. CARP	6231 PGA BLVD STE. 104 #136	PALM BEACH GARDENS, FL. 33418
ST	JOHN G.A. CARP	6231 PGA BLVD STE. 104 #136	PALM BEACH GARDENS, FL. 33418

10. E-mail Address: JCARP1221@INTERNALAUDITSERVICES.COM

(To be used for future annual report notification)

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. I further certify, 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: John G.A. Carp, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-15-2010 561-662-0571
Date Daytime Phone #

5/19/10