

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 FEB 25 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M36426**

1. Corporation Name

INTERIOR TECHNOLOGY SERVICES, INC.

Principal Place of Business

Mailing Address

**1103 N.E. 34th Court
Oakland Park, FL 33334**

**P.O. Box 7006
Ft. Lauderdale, FL 33338**

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

REINSTATEMENT 05-97

2. New Principal Office Address, If Applicable
1103 N.E. 34th Court

3. New Mailing Office Address, If Applicable
P.O. Box 7006

4. Date Incorporated or Qualified
To Do Business in Florida
8/7/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2718513

Applied For
Not Applicable

City & State
Oakland Park, FL

City & State
Ft. Lauderdale, FL

Zip
33334

Country

Zip
33338

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	Perkins, Richard S.	105 Lake Emerald, Dr., #816	Oakland Park, FL 33309
			900002098099--2 -02/26/97--01014--005 ***1080.00 ***1080.00
			900002098099--2 -02/26/97--01014--006 *****8.75 *****8.75
			B2-25-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Alan B. Cohn
Street Address (P.O. Box Number is Not Acceptable)
2021 Tyler Street
Suite, Apt. #, Etc.
City
Hollywood State **FL** Zip Code **33020**

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 **2/17/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Richard S. Perkins, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/13/97**

Date

(954) 568-2043

Daytime Phone #

CFR2040 (12/96)