

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-02000003219

1. Corporation Name

INTERNATIONAL SOCIAL SERVICES, INC.

7667 W. SAMPLE RD.

2. Principal Office Address

7667 W. SAMPLE RD.

Suite, Apt. #, etc.

#445

City & State

CORAL SPRINGS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 01/03/01

5. FEI Number

651067666

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

VEDERE MICAEL DUTES

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

7667 W. SAMPLE RD.

Suite, Apt. #, Etc.

#445

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

Vedere M. Dutes

Date 10/01/04

REGISTERED AGENT MUST SIGN

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
D	MARIE D. GIBSON	980 WALTER BLVD. #2131	LAWRENCEVILLE, GA 30043
D	RICARDO ST.CYR	197 N.E. 156 ST.	N. MIAMI, FL 33162
D	SANDY NARCISSE	830 NW 135 ST.	N. MIAMI, FL 33168

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:

Marie Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-04

Date

347-262-6383

Daytime Phone #

CR2E061 (01/04)