

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 21 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003219

1. Corporation Name

INTERNATIONAL SOCIAL SERVICES, INC.

2. Principal Office Address - No P.O. Box #
4026 INVERRY BLVD.

3. Mailing Office Address
4026 INVERRARY BLVD

Suite, Apt. #, etc.

SUITE 1417

Suite, Apt. #, etc.

SUITE 1417

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33319

Country

USA

Zip

33319

Country

USA

300182421953
06/21/10--01060--017 **481.25

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida 01/03/2001

5. FEI Number
65-1067666

☐ 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

VEDERE DUTES

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

4026 INVERRARY BLVD.

Suite, Apt. #, Etc

SUITE 1417

City

LAUDERHILL

State

FL

Zip Code

33319

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

REGISTERED AGENT MUST SIGN

Date 06/18/2010

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
D	MAUDE M. LAJEUNESSE	7801 NW 70TH CT.	TAMARAC, FL 33321
D	MARYSE GUILLAUMETTE	1171 SOUTHLANE AVE. #106	JACKSONVILLE, FL 32205
D	RONI DIE	8081 NW 11TH ST, APT F	MARGATE, FL 33063
		6/12	

10. E-mail Address: VEDEREMICAEL@HOTMAIL.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/2010

Date

9546788621

Daytime Phone #