

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

10/22
FILED

03 OCT 17 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003716

1. Corporation Name

ISPI INCORPORATED-SOUTH FLORIDA GOLD COAST CHAPT
ER

Principal Place of Business

Mailing Address

~~1110 HICKORY WAY
WESTON FL 33327
US~~

11515 SW 43 TR
MIAMI FL 33165
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

11515 SW 43 TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL

City & State

City & State

Zip

Country

Zip

Country

33165

USA

REINSTATEMENT

03

Date Incorporated or Qualified
To Do Business in Florida

07/11/1996

5. FEI Number

59-2687131

Applied For

Not Applicable

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 | 4 City / State / Zip |
|---------------|---|--|----------------------------|
| D | BURMEISTER, MARSHA | 1631 N 28TH COURT | HOLLYWOOD FL 33020 |
| D | RHEIN, RICHARD W | 1110 HICKORY WAY | WESTON FL 33327 |
| VD | CZELUSNIAK, VERNON L | 11515 SW 43 TR | MIAMI FL 33165 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

CZELUSVIAK, VERNEN L
11515 SW 43 TR
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/10/03

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 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.

W-786-552-
8678

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 305-
554-5334
Date Daytime Phone #

CR2E040 (7/03)

2012



**INTERNATIONAL SOCIETY FOR
PERFORMANCE IMPROVEMENT**

Gold Coast Chapter

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box-6327
Tallahassee, FL 32314-6327

Dear Sirs,

It has come to my attention as the President of the International Society for Performance Improvement Gold Coast Chapter that the Corporation Fees of this non-profit professional organization have not been paid.

I just received in the mail the Notice of Administrative Dissolution or Revocation and had not received any prior notices to date. This organization always pays its Corporate Fees in a very timely fashion and this time I do not know how these fees were not paid.

I request that you waive the reinstatement fee for this payment problem and enclosed is the original filing fee of 61.25. Again, had I received prior notice of lack of payment I would have paid it immediately.

Your consideration in this matter is greatly appreciated.

Sincerely,


Vernon L. Czelusniak
President SFCGC