


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000056906

1. Corporation Name

Internet Data Services, Inc.

2. Principal Office Address

10 Fairway Drive

3. Mailing Office Address

10 Fairway Drive

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

Zip

33441

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

June 13, 2000

5. FEI Number

65-1017670

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

Bruce Hacker

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

2030 NE 31 Ave.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33305

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

Bruce
Hacker

Date

10/29/01

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
P/S T/D	Beverly Bernardine	6400 Kanan Road	Malibu, CA 90265

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:

Beverly Bernardine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-01 310 5891590

Daytime Phone #