

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000084138

1. Corporation Name

INTELLIGENT SIGNAGE OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

915 MIDDLE RIVER DRIVE  
SUITE 319  
FORT LAUDERDALE FL 33304

915 MIDDLE RIVER DRIVE  
SUITE 319  
FORT LAUDERDALE FL 33304

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1039391

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	WITTERS, HELEN R	915 MIDDLE RIVER DRIVE, SUITE 31	FORT LAUDERDALE FL 33304
			400004743444--0 -12/28/01--01089--002 ****750.00 ****750.00

REINSTATEMENT 2001

*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WITTERS, HETHER D  
608 SOUTHEAST 6TH STREET  
SUITE 7  
FORT LAUDERDALE FL 33301

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10-25-01

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.

SIGNATURE:

*[Signature]*

HELEN R. WITTERS

10-24-01

954-568-2255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #