

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR -9 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084138

1. Corporation Name

Intelligent Signage of South Florida, Inc.

2. Principal Office Address - No P.O. Box #

915 Middle River Dr

Suite, Apt. #, etc.

Suite 319

City & State

Ft Lauderdale, FL

Zip

33304

Country

Broward

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

**REINSTATEMENT** 08-09  
CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

9-11-00

5. FEI Number

65-1039391

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

Heather Witters

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

608 S.E. 6th Street

Suite, Apt. #, Etc.

Suite 7

City Ft Lauderdale

State

FL

Zip Code

33316

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 3/6/09

**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	Helen R. Witters	2719 Sea Island Drive	Ft Lauderdale, FL 33301
S	Helen R. Witters	2719 Sea Island Drive	Ft Lauderdale, FL 33301

100145329711  
03/09/09--01051--014 \*\*\$00.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-568-2255