1092

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORDONATION	FLORIDA DEPARTMENT OF  Katherine Harris  Secretary of State  DIVISION OF CORPORATION	FILED  02 MAR 29 PM 3: 43
DOCUMENT # POOOO  1. Corporation Name  LN TETZ IUATIONAC	SECRETARY OF STATE TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA	
2. Principal Office Address 6500 FN 7672 NA 7/0 NA Suite, Apt. #, etc.	3. Mailing Office Address  K Dv. 6500 FN7592  Suite, Apt. #, etc.	NATIONAL DIN 01-07
City & State  ORLANDO, I=C  Zip  Zip  Country  C	City & State  ORLANDO, I=C  Zip  32819  Country  Country  Country	To Do Business in Florida  5. FEI Number  59-3673080  Not Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED 2 56.75Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name		
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 Date 3/21/0 L  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 Director	s Officer ar	dress of Each nd/or Director Clty / State / Zip
DA KATIA ASSUM	PCAU GOO FILT	ERNATIONAL OMANDO, FC 32815, TRNATIONAL OMANDO, FC 32815
D/VP TEZMA DOMIN	IGUES	Dr. Orchard, LC 32873
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daytime Phone #		

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Orlando, March 20th, 2002

Mr. Sean Toner Division of Corporations P.O.Box 6327 Tallahassee, Fl. 32314

Dear Mr. Toner

On November  $1^{st}$ , 2001 I bought a coffee shop that was administered by a corporation called INTERNATIONAL SERVICES ENTERPRISE doc # POOOOOO89756. After 3 months I sold it on FEBRUARY  $1^{ST}$ , 2002.

I was careful to buy and sell this corporation with the help of Payas, Payas & Payas attorneys at law established here in Orlando. I was not informed in any occasion either by the previous owner nor the attorneys that the fee that has to be paid every April was not done for 2001. Apparently the 2001 and 2002 uniform business report went to an unknown address. That explains why it wasn't paid last yeagr and why I didn't receive the report form for 2002. By the way please correct the address reports should be sent:

Mr. Rubens Assumpcao (new owner ) Lake View Coffee Shop 6500 International Drive, Orlando, Fl. 32819.

As advised by you I am enclosing a check for \$300,00 to cover for fees from last year and also this year. I thank you for your kind attention and understanding when over the phone I reported the situation of the corporation above mentioned.

Truly yours

Samuel de Sousa, Jr.