

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 FEB -5 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098912

1. Corporation Name

ISS Support Coordination

2. Principal Office Address

10833 SW 110th

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 172134

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Bithlean, FL

Zip

33023

Country

Broward

Zip

33014

Country

Deade

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

022272584

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

300088246553

Name

Silvia Espejo

02/13/07--01046--025 **1050.00

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

Same 10833 SW 110th

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33023

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

Silvia Espejo

Date

1-3-07

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
Pres	Jenny Espejo	10830 SW 9th	Pembroke Pines 33023
Vice	Silvia Espejo	10833 SW 110th Pembroke Pines	10833 SW 110th Pembroke Pines 33023

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

1-3-07

Date

Daytime Phone #

186 2879752