

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033665

1. Corporation Name

INTERNATIONAL WALL SYSTEMS, INC.

Principal Place of Business

110 S.E. 7TH STREET, APT. 1  
DEERFIELD BEACH FL 33441

Mailing Address

110 S.E. 7TH STREET, APT. 1  
DEERFIELD BEACH FL 33441

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1011 NW 51ST STREET

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

6

City & State

FT. LAUD. FL.

City & State

Zip Country

33309

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/2001

5. FEI Number

65-111 5994

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DELANEY, GREGG	110 S.E. 7TH STREET, APT. 1 1011 NW 51ST STREET	DEERFIELD BEACH FL 33441 FT. LAUD. FL 33309
VPD	O'BRIEN, GREGG	110 S.E. 7TH STREET, APT. 1 1011 NW 51ST STREET	DEERFIELD BEACH FL 33441 FT. LAUD. FL 33309
SD	O'BRIEN, GLORIA	110 S.E. 7TH STREET, APT. 1 1011 NW 51ST STREET	DEERFIELD BEACH FL 33441 FT. LAUD. FL 33309

8. Name and Address of Current Registered Agent

AUSTIN, RANDALL ESQ.

600 NORTH PINE ISLAND ROAD 11575 HERON BAY BLVD.

SUITE 450 SUITE 315

FORT LAUDERDALE FL 33324 CORAL SPRINGS, FL 33076

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

S. Randall Austin  
REGISTERED AGENT MUST SIGN

Date

11/27/02

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02 (954) 491-2920

CR2E040 (8/02)