

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

06 DEC -5 PM 6:01

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039648

1. Corporation Name
ITHSS-International Tech Hardware Software and Services Corp.

2. Principal Office Address
2929 E. Commercial Blvd.

3. Mailing Office Address
Same

Suite, Apt. #, etc
Suite 410

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State

Zip
33308

Country
USA

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida April 19, 2001

5. FEI Number 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 **EBERT**
Cara E. Cameron, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2929 E. Commercial Blvd.
Suite, Apt. #, Etc.
Suite 410
City
Fort Lauderdale

State
FL

Zip Code
33308

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 Cara E. Cameron
REGISTERED AGENT MUST SIGN

Date 11/30/2006

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
PSTD	Victoria Vergara	2929 E. Commercial Blvd., #410	Fort Lauderdale, FL 33308

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12/09/06--01036--015 **1358.75

REINSTATEMENT 02-06
RSC

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: ALFREDO TAMAYO-ATTENAF 12/4/06 954-491-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X240

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POWER OF ATTORNEY and Declaration of Representative

See Instructions for additional information.

PART I - POWER OF ATTORNEY

Section 1. Taxpayer Information. Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8.

Taxpayer name(s) and address(es) ITHSS-INTERNATIONAL TECH HARDWARE SOFTWARE AND SERVICES CORP. 2929 E. COMMERCIAL BLVD., #410 FORT LAUDERDALE, FL 33308	Federal ID no(s). (SSN, FEIN, etc.) APPLIED FOR	Florida Tax Registration Number(s) (Business Part. No., Sales Tax No., U.T. Acct No., etc.) NONE
	Contact person ALFREDO R. TAMAYO	Telephone number 954-491-1950 Fax number 954-776-5567

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

Section 2. Representative(s). Each representative must be listed individually, and must sign and date this form on Page 2, Part II.

Name and address (include name of firm if applicable) ALFREDO R. TAMAYO MSI BARNES & ASSOCIATES, P.A. 2929 E. COMMERCIAL BLVD., #409 FORT LAUDERDALE, FL 33308	Telephone number 954-491-1950
	Fax number 954-776-5567
	Cell phone number
Name and address (include name of firm if applicable)	Telephone number
	Fax number
	Cell phone number
Name and address (include name of firm if applicable)	Telephone number
	Fax number
	Cell phone number

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

Section 3. Tax Matters. Do not complete this section if completing Section 4.

Type of Tax (Corporate, Sales, Unemployment, etc.)	Year(s) / Period(s)	Tax Matter(s) (Tax Audits, Protests, Refunds, etc.)
CORPORATE	2001 THROUGH 2006	FORM F-1120
CORPORATE	2006	CORPORATION REINSTATEMENT

Section 4. To Appoint an Unemployment Tax Agent Only. Do not complete Sections 3 and 6 if completing Section 4.

By completing this section, an employer (taxpayer) appoints a representative to act as its Florida unemployment tax agent before the Florida Department of Revenue on a continuing basis and to receive confidential information with respect to mailings, filings, and other tax matters related to the Florida unemployment compensation law. All other sections of this form (except Sections 3 and 6) must also be completed. Do not complete Section 4 unless you wish to appoint an unemployment tax agent on a continuing basis.

Agent name	Agent number (required)
Firm name	Federal I.D. No. (required)
Address (if different from above)	Telephone number

Mail Type: See Instructions for explanations. Check one box only. 1 (Primary) 2 (Reporting) 3 (Rate) 4 (Claim)

Section 5. Acts Authorized.

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in Section 3 and Section 4 (for example, the authority to sign any agreements, consents, or other documents). Except as otherwise provided, the authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to endorse or cash warrants, or the power to sign certain returns.

If you want to authorize a representative named in Section 2 to receive (but not to endorse or cash) refund warrants, write the name of the representative on this line and check the box

List any specific limitations or deletions to the acts otherwise authorized in this Power of Attorney.
SIGNATURE AUTHORITY FOR CORPORATE REINSTATEMENT FORM

