

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR -8 AM 9:32

RECEIVED STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056920

1. Corporation Name

INTERNAL SOLUTIONS INC

100067964851  
03/16/06--01011--005 \*\*50.00

**REINSTATEMENT** 04-06  
CR2E081 (12/05)

2. Principal Office Address

2322 SOUTH CYPRESS

3. Mailing Office Address

BEND DRIVE

Suite, Apt. #, etc.

SUITE # 209

Suite, Apt. #, etc.

City & State

POMPANO BCH

City & State

FLORIDA

Zip

33069

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/07/2001

5. FEI Number

651116177

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

MICHAEL BENNETT.

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

2322 SOUTH CYPRESS BEND DRIVE

Suite, Apt. #, Etc.

SUITE # 209

City

POMPANO BCH

State  
FL

Zip Code

33069

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

*M. Bennett*

Date 2/15/06.

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL BENNETT	2322 SOUTH CYPRESS BEND DR #209	POMPANO BCH FL 33069

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:

*M. Bennett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BENNETT 954 607 9641

Date

Daytime Phone #