

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 22 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063056

1. Corporation Name

I.S. Resources, Inc.

2. Principal Office Address

12310 Memorial Hwy

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33635

Country

US

3. Mailing Office Address

12310 Memorial Hwy

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33635

Country

US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/01

5. FEI Number

58-2520995

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

Joseph B. Moore

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

12310 Memorial Hwy

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33635

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

Joseph B. Moore

REGISTERED AGENT MUST SIGN

Date 12/17/04

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.	Joseph B. Moore	12310 Memorial Hwy	Tampa, FL 33635

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 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: Joseph B. Moore, Joseph B. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/04

Date

813-389-4570

Daytime Phone #

CR2E081 (01/04)