

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **D01000064966**

1. Corporation Name

**INTERNATIONAL Management Staffing
Solutions, INC.**

2. Principal Office Address

250 Island way

Suite, Apt. #, etc.

101

City & State

Clearwater FL

Zip

33767

Country

USA

3. Mailing Office Address

650 Island Way

Suite, Apt. #, etc.

101

City & State

Clearwater FL

Zip

33767

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/2001

5. FEI Number

593728749

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

WENDY B. SOBY

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

650 Island Way #101, 800030955958

Suite, Apt. #, Etc.

03/23/04--01102--024 *900.00**

City

Clearwater

State

FL

Zip Code

33767

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

Wendy B Soby

Date

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
PS	WENDY B. SOBY	650 Island Way #101	Clearwater, FL 33767
T, D	DAVID F. SOBY	650 Island Way #102	Clearwater, FL 33767

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:

Wendy B Soby, President 3/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-467-0444

CR2E01 (01/04)

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