## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR. REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

## P01000100757 **DOCUMENT #**

1. Corporation Name

INTERNET SECURITY SYSTEMS (LATIN AMERICA), INC.

Principal Place of Business

Mailing Address

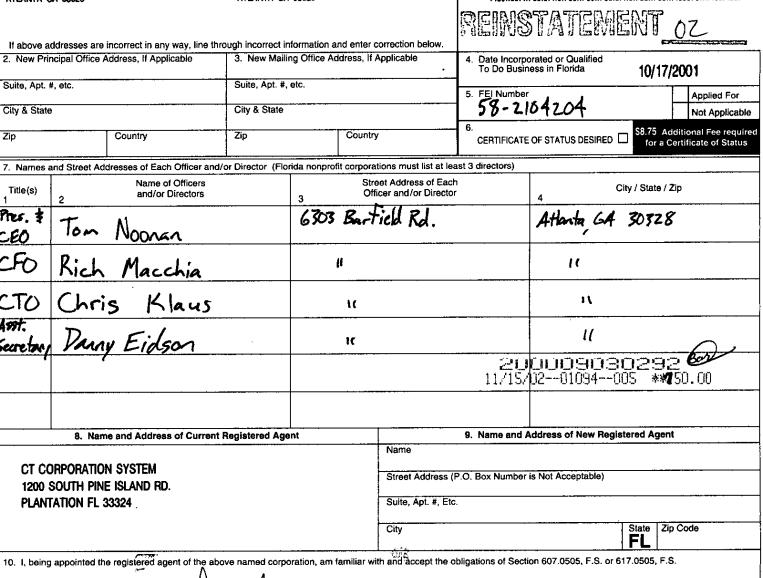
6303 BARFIELD ROAD ATLANTA GA 30328

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



11. I certify that I am an officer of director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I turther certify that when mining 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.

or trust∳e ∮mpowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing

Signature of Registered Agent

VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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