

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -6 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000011890420
04/04/03--01049--009 **150.00

000011890420
02/05/03--01088--012 **750.00

DOCUMENT # *P01000116107*

1. Corporation Name

*Compliance Specialists International
Inc.*

2. Principal Office Address

2640 NE 5 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

578 NE 26 Ct

Suite, Apt. #, etc.

City & State

Pompano Bch FL

City & State

Pompano Bch FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

12/01

5. FEI Number

65-1159763

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

Scholl, Ticktin + Associates, PA

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

Boca. Financial and Legal Plaza

Suite, Apt. #, Etc.

5295 Town Center Road Third Floor

City

Boca Raton, FL 33486-1003

State

FL

Zip Code

33486

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/29/03

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
<i>P</i>	<i>Victor Winitk</i>	<i>5030 Champion Blvd 6-432 Boca</i>	<i>Boca Raton, FL 33486</i>

REINSTATEMENT *02-03*

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/03

Daytime Phone #

*561-756
4775*

CR2E081 (10/02)