

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000014572

1. Entity Name  
INTERNATIONAL SWIM SCHOOLS, INC.



Principal Place of Business  
6861 SW 96 AVE  
#405  
PEMBROKE PINES, FL 33332

Mailing Address  
2084 N. UNIVERSITY DR.  
SUNRISE, FL 33322

FILED

2007 OCT 16 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10042007

REIN-P

CR2E098 (1/07)

City & State

City & State

4. FEI Number

90-0008526

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, HENRIETTA  
2084 N. UNIVERSITY DR.  
SUNRISE, FL 33322

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-11-07

FILE NOW!!! FEE IS \$750.00

After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GOLDBERG, HENRIETTA  
STREET ADDRESS 692 KENSINGTON PLACE  
CITY-ST-ZIP WILTON MANORS, FL 33305

TITLE ☐ Change ☐ Addition  
NAME 900110865513  
STREET ADDRESS 10/16/07--01059--013 \*\*750.00  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME GARCES, LILIANA  
STREET ADDRESS C/O 2084 N UNIVERSITY DRIVE  
CITY-ST-ZIP SUNRISE, FL 33322

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-07

Date

954-747-7251

Daytime Phone #

10/17/07