

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000111722

1. Corporation Name

INTERNATIONAL NON SELECTIVE BUSINESS SYSTEMS INC.

2. Principal Office Address

3763 KINSLEY PLACE

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32792

Country

UNITED STATES

3. Mailing Office Address

4270 ALOMA AVE STE. 124

Suite, Apt. #, etc.

City & State

WINTER PARK FL

Zip

32792

Country

UNITED STATES

06 SEP 28 PM 3:51

REINSTATEMENT
CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2003

5. FEI Number

87-0720890

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

VICTOR L. CHAPMAN

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

18 WALL STREET

Suite, Apt. #, etc.

City

ORLANDO

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date

SEP 22 2006

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
DP	DRAHOTINA SMYK	3763 KINSLEY PLACE	WINTER PARK, FL 32792
DS	LEE SMYK	3763 KINSLEY PLACE	WINTER PARK, FL 32792

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DRAHOTINA SMYK

Date

Daytime Phone #

09-22-06 407 497-3096

September 21, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


Reference: International Non Selective Business Systems, Inc.

To Whom It May Concern:

International Non Selective Business Systems, Inc. did not receive the corporate annual report notices in the year of dissolution/revocation.

Enclosed is a check for \$450 for filing years 2004, 2005 and 2006.

Sincerely Yours,



Drahotina Smyk, President