

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 PM 3:56

DOCUMENT # P05000008829

1. Corporation Name

International Servicing Company of Miami, Inc.

2. Principal Office Address - No P.O. Box #

1500 San Remo Ave

3. Mailing Office Address

1500 San Remo Ave

Suite, Apt. #, etc.

Suite 248

Suite, Apt. #, etc.

Suite 248

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

Zip

33146

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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
Pablo R. Bared, Esq.

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

1500 San Remo Ave

Suite, Apt. #, Etc.

Suite 248

City
Coral Gables

State
FL

Zip Code
33146

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 9/24/2007

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
D/P	Laura de los Angeles Rosado Rabelo	1500 San Remo Ave, Suite 248	Coral Gables, FL 33146

REINSTATEMENT

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09/28/07--01011--010 **309.75

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:

Laura de los Angeles Rosado Rabelo, Director Sept. 17, 2007 305-666-6010 x 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #