

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 30 PH 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16163

1. Corporation Name
INTERTEK SERVICES INTERNATIONAL, LTD., INC.

2. Principal Office Address
8125 NW 53RD ST.

3. Mailing Office Address
3933 US ROUTE 11

Suite, Apt. #, etc.
SUITE 200

City & State
MIAMI FL

City & State
CORTLAND, NY

Zip Country
33166 USA

Zip Country
13045 USA

REINSTATEMENT 97-01

4. Date Incorporated or Qualified To Do Business in Florida
09/29/1987

5. FEI Number
54-1301942

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.
200003746002

City
PLANTATION

State
FL

Zip Code
33324

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
Robert E. Wangard, Special Assistant Secretary

REGISTRED AGENT MUST SIGN

Date
1/31/01

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
PRES	ROB DILWORTH	ACADEMY PLACE, 1-9-BROOK ST	BRENTWOOD, ESSEX, ENGLAND
CH OF BO			
SEC			
TREAS	PANAGIOTIS TSOUKALAS	8125 NW 53RD STREET	MIAMI, FL 33166
V.P.	VAUGHN COMEAU	8125 NW 53RD STREET	MIAMI, FL 33166
ASST TREAS	RON IRISH	3933 US ROUTE 11	CORTLAND, NY 13045
ASST SEC	ROBERT E WANGARD	150 N. MICHIGAN AVE.	CHICAGO, IL 60601

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: **Ron Irish** **RON IRISH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1/2/01

Daytime Phone #
607-758-6566

CR2E081 (9/99)