

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JAN 27 AM 10:46

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address **REINSTATEMENT** *CO*

Address

City and State

Zip Code

95-99

1. Name and Mailing Address of Corporation: **DOCUMENT # P92000010258**
ISABEL DUNN INTERVIEWING SERVICE, INC.
8708 Bay Crest Lane
Tampa, FL 33615

3. Date Incorporated or Qualified To Do Business in Florida
12/07/92

4. FEI Number
59-3155625

FEI Number Applied For
FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	ALVACH, LUCILLE	6017 Rosewood Drive	Tampa, FL 33615
VP/D	DUNN, JAMES D.	8708 Bay Crest Lane	Tampa, FL 33615
			300002071313--4 -01/28/97--01169--005 ***1080.00 ***1080.00

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Office

7. Name and Address of Current Registered Agent

Joseph L. Diaz
2522 W. Kennedy Boulevard
Tampa, FL 33609

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-21-97

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date 1-21-97

Daytime Phone # (813) 884-0088

Typed or printed name of signing officer or director

James D. Dunn