

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -8 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P930000/3663**
**INTERNATIONAL SERVICES
UNLIMITED, INC**

1. Corporation Name

2. Principal Office Address

5730 S. Suncoast Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 856

Suite, Apt. #, etc.

City & State

HOMOSASSA FL

City & State

HOMOSASSA SPGS

Zip

34446

Country

USA

Zip

34447

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

59-3167526

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

Michael NEWMAN

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

5730 S. Suncoast Blvd

Suite, Apt. #, Etc.

#

City

HOMOSASSA

State
FL

Zip Code

34446

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

5-3-02

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	Michael NEWMAN	5730 S. Suncoast HOMOSASSA FL 34446	V
VP	Kimberly Newnan	5730 S. Suncoast	HOMOSASSA, FL 34446

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3-02

Daytime Phone #

**352
628-2555**

CR2E081 (9/01)