

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049760

1. Corporation Name

ITS HOLDINGS, INC.

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE, SUITE 650
Miami, FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0503619

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO/D	ALBERT L. WEINTRAUB	444 Brickell Ave., Ste. 650	Miami, Florida 33131
P/D	CLAIRE WEINTRAUB-CEBALLOS	444 Brickell Ave., Ste. 650	Miami, Florida 33131
S/T/D	D. ROBERT LEWIS	444 Brickell Ave., Ste. 650	Miami, Florida 33131
D	ROBERT D. SKLAR	444 Brickell Ave., Ste. 650	Miami, Florida 33131
D	Marshall Ellis	444 Brickell Ave., Ste. 650	Miami, Florida 33131
D	Maurice Ferre	444 Brickell Ave., Ste. 650	Miami, Florida 33131
D	Dr. Daniel Seckinger	444 Brickell Ave., Ste. 650	Miami, Florida 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLAIRE WEINTRAUB-CEBALLOS
444 Brickell Avenue, Suite 650
Miami, Florida 33131

Name

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

City

State
FL

Zip Code

10. 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

CLAIRE WEINTRAUB-CEBALLOS, PRESIDENT

Date March 19, 1998

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., 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
CLAIRE WEINTRAUB-CEBALLOS

March 19, 1998 (305) 374-8377

Date

Daytime Phone #

REINSTATEMENT

CR2040 (12/96)