

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

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FILED  
97 FEB 25 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050812**

1. Corporation Name

**INTELLISOL, INC.**

Principal Place of Business

**145 W. SUNRISE AVE.  
CORAL GABLES FL 33133**

Mailing Address

**145 W. SUNRISE AVE.  
CORAL GABLES FL 33133**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/11/1994**

5. FEI Number

**65-0498760**

Applied For

Not Applicable

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
PS	MENENDEZ, NORBERTO JR.	145 W. SUNRISE AVE.	CORAL GABLES FL

000002098100--7  
-02/26/97--01015--002  
\*\*\*233.75 \*\*\*233.75

8. Name and Address of Current Registered Agent

**MENENDEZ, NORBERTO JR.  
145 W. SUNRISE AVE.  
CORAL GABLES FL 33133**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **1/20/97**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/97**

Date

**305 663 2193**

Daytime Phone #

CR2040 (7/96)

P94000050872

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**VIA: Federal Express**

Marie Bartlett  
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

February 24, 1997

Norberto Menendez  
President  
IntelliSol, Inc.  
145 West Sunrise Avenue  
Coral Gables, FL 33133

Dear Marie Bartlett:

Pursuant to our conversation on the above date, enclosed please find the application for reinstatement for the year 1996 for IntelliSol, Inc. Also enclosed is the check in the amount of \$233.75, detailing cost of filing the lost annual report and the fee for the required certificate of status.

As we discussed, the late and reinstatement fees will be waived due to the mailing mishap. Also, I understand that we will receive via mail the 1997 information once this has been processed.

Thank you for your assistance with this matter.

Respectfully yours,

Norberto Menendez  
President  
IntelliSol, Inc.

Encl.