

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -2 PM 4: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015111

1. Corporation Name  
OTS INTERNATIONAL INC.

2. Principal Office Address

4310 SANTA MARIA ST

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip

33146

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

2/23/95

5. FEI Number

65-0578360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300009313593  
12/03/02--01035--001 \*\*750.00

7. Name and Address of Current Registered Agent

Name

J. FROST WALKER III

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

100 W. SUNRISE AVE

Suite, Apt. #, Etc.

City

CORAL Gables

State

FL

Zip Code

33133

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/26/02

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 TREAS	STUART B. ILIFFE	4310 SANTA MARIA	CORAL Gables FL 33146
VP SECRETARY	Nancy L. ILIFFE	SAME	SAME.
		REINSTATEMENT	D2
		ATTACHMENTS RETURNED	T. Lewis 10/2/02

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

[Signature]

10/26/02

Date

Daytime Phone #

305 666 2628

CR2E081 (9/01)