

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 APR 12 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000046395**

1. Corporation Name
Integrated Delivery Systems, Inc.

Principal Place of Business

Mailing Address

**7200 NW 19 St.
Suite 600
Miami, FL 33126**

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 Address, if Applicable

1901 SW 1 Street

1901 SW 1 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd floor

2nd floor

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33135

Miami-Dade

33135

Miami-Dade

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/95

5. FEI Number

65-0613935

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **\$8.75 Additional Fee required for Certificate of Status**

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

1 Title(s)	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 / State / Zip
P	Jesus Garquez	1560 SW 139 Avenue	Miami, FL 33184

800003213458-9
-04/18/00-0111-017
******908.75 ****908.75**

8. Name and Address of Current Registered Agent

Jesus Garquez
1560 SW 139 Avenue
Miami, FL 33184

9. Name and Address of New Registered Agent

Name **Eduardo Cantara, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
1762 Coral Way
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33145**

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] **04-11-00**
REGISTERED AGENT MUST SIGN

Date **04-11-00**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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. and that all 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **President**

04/11/00 (605) 442-4343
Date Date-time Phone #