

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P95000076981**

1. Corporation Name

Internation Assoc. of Seminar Professionals

2. Principal Office Address

1680 Tamiami Trs

3. Mailing Office Address

1532 US 41 Bypass

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

265

City & State

Venice FL

City & State

Venice FL

Zip

34293

Country

USA

Zip

34293

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/95

5. FEI Number

65-0615702

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

Donald R Burnham

400004721184-8

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

500 Cerromar Dr

12/12/01-01077-022
*****158.75 ***158.75**

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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

Donald R Burnham

Date

11/5/01

REGISTERED AGENT MUST SIGN

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
DP	Donald R Burnham	500 Cerromar Dr	Venice, FL 34293
DPV	Alice Burnham	500 Cerromar Dr	Venice, FL 34293
T	Chris Hynes	4178 Central Sarasota Pkwy	Sarasota, FL 34238

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:

Donald R Burnham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/01

Daytime Phone #

941 408-935

CR2E081 (8/00)



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Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that our address has changed. We have moved from our old location at 205 Base Avenue in Venice to 1532 US 41 Bypass Ste 265, Venice, FL 34293. Because of the address change, we have never received any correspondence (via mail or phone calls) that our corporation was in jeopardy of being dissolved. Recently, while searching on the internet, I discovered that we had in fact been dissolved, so I immediately contacted your offices. I was instructed that since this would be categorized as a postal error that the fee to reinstate IASP would be \$150.00. Please find enclosed my Reinstatement Form along with a check to cover the fee plus \$8.75 for a Certificate of Status. If you have any questions, please contact me directly at 941-408-8781.

Thank you for your understanding.

A handwritten signature in dark ink, appearing to read 'Donald R. Burnham', with a stylized flourish at the end.

Donald R. Burnham
President
IASP

Enc.

☐ **MEMBERSHIP & ENROLLMENT**

4620 E. Michigan Street, #102 • Orlando, Florida 32812 • 407-277-2003 • FAX 407-277-7192 • IASP4U@aol.com

☐ **CORPORATE HEADQUARTERS**

1532 U.S. Bypass 41 S., #241 • Venice, Florida 34293 • 941-492-9599 • FAX 941-497-2953 • IASP4U@aol.com