

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

97 APR -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 095000080538
1. Corporation Name INTERNATIONAL SOURLING GROUP, INC.

Principal Place of Business Mailing Address
5709 NW 158 ST
MIAMI, FL 33014

REINSTATEMENT

96-97aw

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number 65-0626763	
Zip		Country		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S875 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	STANTON FREEDMAN	5805 SW 118 ST	MIAMI, FL 33156

400002139524--5
-04/10/97-01086-004
****540.00 ****540.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAY FREEDMAN 5707 NW 158 ST MIAMI, FL 33014		Name LAWRENCE J. SHAPIRO Street Address (P.O. Box Number is Not Acceptable) 80 SW 8th Street Suite, Apt. #, Etc. 2180 City Miami		State FL	Zip Code 33130
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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
REGISTERED AGENT MUST SIGN
Date 4/7/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 305-827-8100
Date Daytime Phone #

CR2E040 (12/96)