

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # 095000080138  
1. Corporation Name *INTERNATIONAL SOURCING Group, Inc.*

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

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.	5. FEI Number <i>65-0626763</i>	Applied For
City & State	City & State		Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	<i>STANTON FREEDMAN</i>	<i>5805 SW 118 St</i>	<i>MIAMI, FL 33156</i>
			<i>400002139524--5</i> <i>-04/10/97-01086-004</i> <i>****540.00 ****540.00</i>

B. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
<i>JAY FREEDMAN</i> <i>5707 NW 158 ST</i> <i>MIAMI, FL 33014</i>	Name <i>LAWRENCE J. SHAPERO</i>	Street Address (P.O. Box Number is Not Acceptable) <i>80 SW 8th Street</i>	
	Suite, Apt. #, Etc. <i>2180</i>	City <i>Miami</i>	State <i>FL</i> Zip Code <i>33130</i>

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

*LAWRENCE J. SHAPERO*

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

Date

Daytime Phone #

*4/7/97 305-827-8100*

CR2040 (12/96)