

11-19-96 11:28AM

GEIGER KASDIN

11/19/96 11:27:2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

NOV 25 10 08 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P950000 84147

1. Corporation Name

ISP INTERNATIONAL, INC.

Mailing Address

Principal Place of Business

2020 NE 163 ST.  
#206

N. MIAMI BEACH FL 33162

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

DO NOT WRITE IN THIS SPACE

10-30-95

Suite, Apt. # etc

Suite, Apt. #, etc.

5. EIN Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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      |
|-------------|--------------------------------------|----------------------------------------------------------------------------------------|--------------------------|
| D/S         | JAMES ERIC FLETCHER                  | 2020 NE 163 ST #206<br>N. MIAMI BEACH FL 33162                                         | N. MIAMI BEACH, FL 33162 |
| D/P         | CHARLES E. VIRGIN                    | 3250 S.W. 3RD AVE #100                                                                 | MIAMI FL 33129           |
|             |                                      |                                                                                        |                          |
|             |                                      |                                                                                        |                          |
|             |                                      |                                                                                        |                          |
|             |                                      |                                                                                        |                          |
|             |                                      |                                                                                        |                          |
|             |                                      |                                                                                        |                          |

500002017055--6  
-12/02/96--01030--012  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARVIN A. HODGES  
9850 S.W. 15 ST.  
MIAMI FL 33174

Name  
JAMES ERIC FLETCHER  
Street Address (P.O. Box Number is Not Acceptable)  
2020 N.E. 163 ST  
Suite, Apt. #, Etc  
# 206  
City  
N. MIAMI BEACH FL  
State  
FL  
Zip Code  
33162

I, being appointed by the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*James Eric Fletcher*

REGISTERED AGENT MUST SIGN

Date 11/19/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 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., 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:

*James Eric Fletcher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/96

Date

305 9198199

Office Phone