PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



11. This corporation wes or has paid the current year

Intangible Personal Property tax due June 30.

on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P96000022645

1. Corporation Name

I.S.K. INC.

SIGNATURE:

Mailing Address

3215 NORTH 36TH AVENUE HOLLYWOOD FL 33021

Principal Place of Business

3215 NORTH 36TH AVENUE HOLLYWOOD FL 33021

FILED

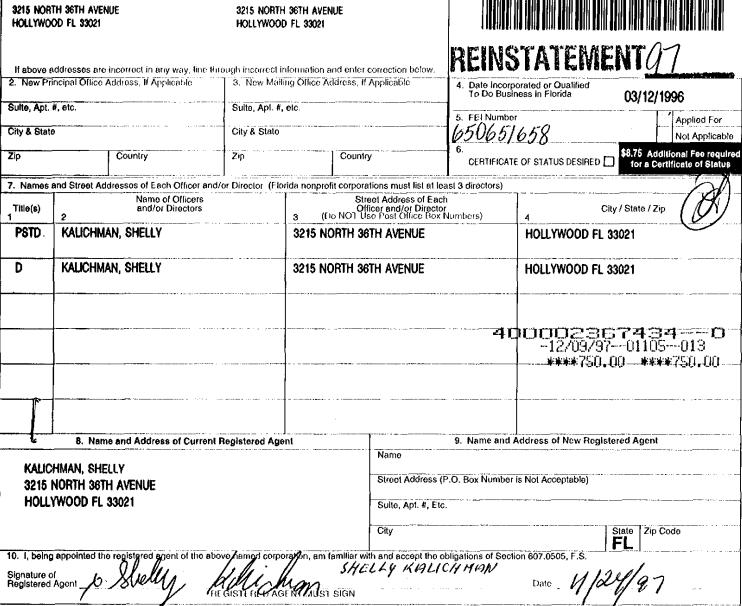
97 DEC -1 AM 9: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(See other side for information on intangible tax.)

Daytime Phone #

Date



Yes I

12. Logitly that Lam an officer or director or the receivor or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. | 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

NING OFFICER OR DIRECTOR