

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

98 JUL 27 AM 9:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000026488

1. Corporation Name  
**Investment Services Group, Inc.**

Principal Place of Business Mailing Address  
**378 Whooping Lane Same**  
**Suite 1272**  
**Altamonte Springs, FL 32701**

**REINSTATEMENT** *97-98*

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.		03/26/96	
City & State		City & State		5. FEI Number	
Zip		Country		59-3371443	
				Applied For	
				Not Applicable	
				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)			
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
DPS	Wendell L. Brooks	275 Kipling Court	Heathrow, FL 32746
DVPT	John O. Dean	5937 Masters Boulevard	Orlando, FL 32819

3000026488-0  
 -07/31/98--01100--005  
 \*\*\*\*\*900.00 \*\*\*\*\*900.00

*WB*  
*7/27-98*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>J. Todd South</b> Street Address (P.O. Box Number is Not Acceptable) <b>2699 Lee Road</b> Suite, Apt. #, Etc. <b>Suite 120</b> City <b>Winter Park</b> State Zip Code <b>FL 32789</b>	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN		Date <b>7-22-98</b>	

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 **J. Todd South** Date **7/23/98** Daytime Phone #

CR2E040 (1/96)