

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 27 PH 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PDP96000026488

1. Corporation Name
Investment Services Group, Inc.

800006117588--3

-07/01/02--01031--014
****300.00 ****300.00

2. Principal Office Address
132 Harston Ct.

3. Mailing Office Address
P.O. Box 953725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heathrow, FL

City & State

Lake Mary, FL 32795

Zip
32746

Country
USA

Zip
32795

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/26/96

5. FEI Number
59-3371443

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
EJ. Todd South

Street Address (P.O. Box Number is Not Acceptable)
2699 Lee Road

Suite, Apt. #, Etc.
Suite 120

City
Winter Park,

State
FL Zip Code
32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	Wendell L. Brooks	132 Harston Ct.	Heathrow, FL 32746
DVPT	John O. Dean	6585 S. Tropical Trail	Merritt Island, FL 32952

10. 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:

Wendell L. Brooks Wendell L. Brooks, Pres 5/14/02 407 333-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)