

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

02 JUN 27 PH 1:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



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

DOCUMENT # **FP96000026488**

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 <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name E.J. 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)