

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 27 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000045353

1. Corporation Name

ISI-Integrated Systems, Inc.

2. Principal Office Address

2786 NW 79 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1996

5. FEI Number

65-0695726

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

Fructuoso, Carlos A.

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

2786 NW 79 Avenue

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33122

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

p/ Carlos A. Fructuoso

REGISTERED AGENT MUST SIGN

Date 11/14/02

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
VP	Fructuoso, Carlos A.	2786 NW 79 Avenue	Miami, FL 33122
P	Caputo, Robinson G.	2786 NW 79 Avenue	Miami, FL 33122
D	Lima, Jose de Souza	2786 NW 79 Avenue	Miami, FL 33122
D	Vaz Calil, Elias Jose	2786 NW 79 Avenue	Miami, FL 33122

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:

p/ Carlos A. Fructuoso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02

Date

(305) 373.7200

Daytime Phone #

CR2E081 (9/01)