

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 21 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000077300

1. Corporation Name

INTELLISELLING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

128 WINDWARD WAY  
INDIAN HARBOUR BEACH FL 32937  
US

PO BOX 3204  
MELBOURNE FL 32902-3204  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3408855

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED L

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	POLLARD, E D III	128 WINDWARD WAY	INDIAN HARBOUR BEACH FL

300003082523--3  
-12/29/99--01011--021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

POLLARD, E D III  
128 WINDWARD WAY  
INDIAN HARBOUR BEACH FL 32937

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*E D Pollard*  
REGISTERED AGENT MUST SIGN

Date

11/23/99

11. 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:

*E D Pollard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/99  
Date

407-258-008  
Daytime Phone #

KE