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 OCT 29 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000104209

1. Corporation Name
International Surfacing Technology, Inc.
W99-18416

Principal Place of Business / Mailing Address
1859 N. Pine Island Rd. Suite 3141
Plantation, FL 33322

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable
Same
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Same
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
SP

5. FEI Number 65-0780129 65-0351587 Applied For / Not Applica

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Robert Gordon	~~1341 NE 119th St~~	N. Miami, FL 33161
		1859 N. Pine Island Rd Suite 3141	
		Plantation, FL 33322	

100000303301 1--1
-11/02/99--01098--003
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent
Robert Gordon
1341 NE 119th Street
N. Miami, FL 33161

9. Name and Address of New Registered Agent
Name: Robert Gordon
Street Address (P.O. Box Number is Not Acceptable): 1859 N. Pine Island Rd
Suite, Apt. #, Etc.: Suite 3141
City: Plantation State: FL Zip Code: 33322

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 _____ REGISTERED AGENT MUST SIGN

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-11/02/99--01098--004
*****8.75 *****8.75

11. This corporation owes 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: _____ 8-2-99 (305) 389-6672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #