

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC-12 AM 9:29

DOCUMENT # P97000015087

1. Corporation Name

I.T.I. HOLDINGS, INC.

Principal Place of Business

Mailing Address

1000 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

1000 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-1047570
~~APPLIED FOR~~

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1 | 2 | 3 | 4 |
| P | RASSAM, RICK | 601 BRICKELL KEY DR | MIAMI FL 33131 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RASSAM, RICK
601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131

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

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 11-1-00

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)(l), 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:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-00 (954) 788-9940

2082

ITI FINANCIAL

November 1, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Document # P97000015087
EIN: 65-1047570


We are writing in reference to the above document number, I. T. I. Holdings, Inc.
On March 27, we sent our 2000 UBR, along with a check in the amount of
\$150.00 for this years filing.

We have just received an Application for Reinstatement. When we telephoned
the state, they informed us they had mailed a letter, on April 5th, which we did not
receive. We are also enclosing a copy of the check, which was sent and cashed.

We are asking that you waive the \$600.00 reinstatement fee and process our
previous application, since we did file in the specified time period, we did not
receive any correspondence otherwise, and our check was cashed.

We await your reply.

Respectfully,



Rick Rassam,
Pres.

cc: Elk, Bankier, Palmer & Christu, P. A.