PLEASE READ ALL INSTRUC	TIONS BEFORE C	OMPLETING THIS FORM.
FOR Sandra Secret	ARTMENT OF STATE a B. Mortham etary of State of corporations	ÁLED
DOCUMENT # P97000075826 1. Corporation Name		98 DEC 31 PM 3: 49 ARROGETARY OF STATE
ISC & ASSOCIATES, INC.		ABORIETARY OF STATE TALLATIASSIE, FLORIDA
Principal Place of Business Mailing Address		
1620 MEDICAL LANE #221 1620 MEDICAL LANE # FT. MYERS FL 33919 FT. MYERS FL 33919	¥221	
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		Date Incorporated or Qualified
5100 Sclenland ave 3 5100 Sclenland ave Suite, Apt. #, etc.		To Do Business in Florida 08/29/1997
# 318-115 # 318- City&State City&State	C 0	5. FEI Number Applied For Not Applicable
Zip33907 Country S A 33919	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officers and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zip CFO Mark Rosman FTM year File 3 3 907 ##318-115 FTM year File 3 3 907 ##318-115 FTM year File 3 3 907 ####750_00 **Eleveloned** ####750_00 **###750_00 8. Name and Address of Current Registered Agent Name ROHRET, KARIN 5290 SEMINOLE BLVD., SUITE F ST DETERORUPO FILe 20209 Suite, Apt. #, Etc.		
ST. PETERSBURG FL 33708	Suite, Apt. #, Etc.	State Zip Code FL
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 Registered Agent Nust Sign 11. This corporation owes or has paid the current year (See other side for information		
Intangible Personal Property tax due June 30. Yes No 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description Date Description Date Description Date Description D		