

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 18 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

997 00008076
IST, INTERNATIONAL, INC.

REINSTATEMENT 02-03

900016229109
04/17/03--01095--014 **900.00

2. Principal Office Address

1859 N. Pine Island Road

Suite, Apt. #, etc.

Suite 3141

City & State

Plantation, Florida

Zip

33322

Country

U.S.A.

3. Mailing Office Address

1859 N. Pine Island Road

Suite, Apt. #, etc.

Suite 3141

City & State

Plantation, Florida

Zip

33322

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

9/16/1997

5. FEI Number

650780229

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

Robert L. Gordon

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

11600 NW 20th Court

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33323

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

REGISTERED AGENT MUST SIGN

Date

4-15-03

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
CEO	Robert L. Gordon	11600 NW 20th Court	Plantation, FL 33323

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-03 954 8543176

CR2E081 (10/02)