

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -4 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069041

1. Corporation Name

INTELLIGENT SYSTEMS SOLUTIONS & SERVICES, INC.

Principal Place of Business

Mailing Address

536 20TH AVE
INDIAN ROCKS BEACH FL 33785

536 20TH AVE
INDIAN ROCKS BEACH FL 33785

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1998

5. FEI Number

59-3530913

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JOHNSON, OBIE J.E.	536 20TH AVE	INDIAN ROCKS BEACH FL 33785
D	COBB, MICHAEL E.	536 20TH AVE	INDIAN ROCKS BEACH FL 33785
			000012604050 03/04/03--01055--003 **150.00
			000012604050 02/18/03--01017--009 **750.00

8. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
201 N FRANKLIN ST
ONE TAMPA CITY CENTER, SUITE 2100
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Obie Johnson

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

536 20th Ave.

Suite, Apt. #, Etc.

City

Indian Rocks Beach

State

FL

Zip Code

33785

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 2/12/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OBIE J.E. JOHNSON

Date

2/12/03

Daytime Phone #

(27)

517-1734

CR2E040 (8/02)