

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000080235

1. Corporation Name

INTERNATIONAL SHOPPING, INC.

Principal Place of Business

Mailing Address

3524 PALM BEACH BLVD
FORT MYERS FL 33916

1601 JACKSON STREET
SUITE 101
FORT MYERS FL 33901

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

P.O. Box ~~1234~~ 1541
Lehigh Acres FL
33970 USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1998

5. FEI Number

59-2712074

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	HUTTER, WALTRAUD	1815 VIGNES STREET	LEHIGH ACRES FL 33936
P	VOLGGER, JOSEF	1815 VIGNES STREET	LEHIGH ACRES FL 33936
			400003478184--5
			11/28/00--01046--010
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUNCAN, GORDON R
1601 JACKSON STREET
SUITE 101
FORT MYERS FL 33901

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

150.00

10.20.2000

INTERNATIONAL SHOPPING, INC.

P O Box 1541
Lehigh Acres, Fl. 33970
Tel: 941-728-3312

2 of 2

October 20, 2000

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

Re: Administrative Dissolution

Dear Sir:

Please abate the reinstatement fee assessed us. We did not receive the notice asking us to remit the \$ 150.00 annual fee due to the form going to the wrong address. We have taken steps to ensure that all future returns will be filed timely to you by engaging the services of a Certified Public Accountant. Please accept this as reasonable cause to abate this reinstatement fee. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Josef Volgger", written in a cursive style.

Josef Volgger
President