

To: 'FL Dept. of State'
Subject: 000380.69796

From: Katie Wonsch


Friday, June 08, 2007 3:15 PM Page: 2 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

2007 JUN -8 PM 4:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000041816 1. Corporation Name Iteleservices, Inc.			
2. Principal Office Address - No P.O. Box # 18272 Daybreak Dr		3. Mailing Office Address 18272 Daybreak Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33496	Country USA	Zip 33496	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 5/7/99			
5. FEI Number 65-0940134		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
7. Name and Address of Current Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Ave Suite, Apt. #, Etc. Tallahassee State FL Zip Code 32301			
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 <u><i>Katie Wonsch, Asst. Sec.</i></u> Date <u><i>6/8/07</i></u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jeffrey Kornblum	18272 Daybreak Dr	Boca Raton FL 33496
D	Amerisa Kornblum	18272 Daybreak Dr	Boca Raton FL 33496
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 contained in Chapter 119, 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: <u><i>Jeffrey Kornblum</i></u> <u><i>6.8.2007</i></u> <u><i>9547017880</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (550) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000380.69796

CORPORATION REINSTATEMENT

ITELESERVICES, INC.

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