

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 5:11

DOCUMENT # P99000057193

1. Corporation Name

CISF, INC.

Principal Place of Business

9206 BROAD STREET
BOCA RATON FL 33434

Mailing Address

9206 BROAD STREET
BOCA RATON FL 33434

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1999

5. FEI Number

65-0930065

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	JACOBUS, BRIAN P	9206 BROAD STREET	BOCA RATON FL 33434
			5000003430035--5
			-10/19/00--01079--018
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

BRIAN P. JACOBUS

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

9206 BROAD STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33434

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/12/00

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

BRIAN P. JACOBUS 10/12/00 (561) 218-3499

Date

Daytime Phone #

CR2E040 (8/00)

October 12, 2000

Re: Document # P99000057193
CISF, INC.

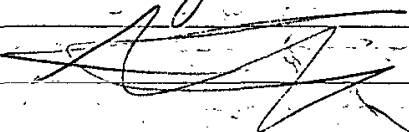
To Whom it May Concern:

Pursuant to the above referenced document regarding dissolution or revocation of CISF, Inc., please be advised that I was not aware that an annual report was due by May 1, 2000 and never received such document from Tallahassee nor a second notice by June 9. The first mail I received regarding this matter was the aforementioned document.

Please accept the enclosed check in the amount of \$150.00 to cover the cost of the annual report and under the circumstances, as there was obviously a paper work foul-up, reinstate my corporation to an active status.

Thank you for your consideration and please do not penalize me for a situation that was out of my control.

Sincerely,



BRIAN P. JACOBUS
President