

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000068679

1. Corporation Name

INTERNET SOLUTIONS INTERACTIVE, INC.

FILED

06 MAY 31 PM 1:16

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

5100 WEST COPANS RD

Suite, Apt. #, etc.

810

City & State

MARGATE, FL

Zip

33063

Country

USA

3. Mailing Office Address

5100 WEST COPANS RD

Suite, Apt. #, etc.

810

City & State

MARGATE, FL

Zip

33063

Country

USA

REINSTATEMENT 01-06

4. Date Incorporated or Qualified
To Do Business in Florida

8/2/99

5. FEI Number

65-0940310

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

RONEN DOTAN

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

5100 WEST COPANS ROAD

Suite, Apt. #, Etc.

810

City

MARGATE,

State

FL

Zip Code

33063

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

5/25/06

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
OWNER	ROY DOTAN	16 NEOMI ST	HAIFA, ISRAEL 39465

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:

ROY DOTAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/25/06 9548398901

Daytime Phone #