

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 NOV 27 PM 5:08

DOCUMENT # P99000078612

1. Corporation Name

INTERACTIVE SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

777 E. ATLANTIC AVENUE #2  
DELRAY BEACH FL 33483

777 E. ATLANTIC AVENUE #2  
DELRAY BEACH FL 33483



REINSTATEMENT 00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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	MARC, JOSEF	218 NE 5TH COURT	DELRAY BEACH FL 33444

100003496921--1  
-12/12/00--01045--012  
\*\*\*750.00 \*\*\*750.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARC, JOSEF  
218 NE 5TH COURT  
DELRAY BEACH FL 33444

Name

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

258 SE 6th Avenue

Suite, Apt. #, Etc.

Suite 3

City

Delray Bch

State

Zip Code

FL

33483

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

*Handwritten signature of Josef Marc*  
REGISTERED AGENT MUST SIGN

Date 11-22-00

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:

*Handwritten signature of Josef Marc*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-00 561-330-8600

Date

Daytime Phone #

CR2E040 (8/00)