


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000084384

1. Corporation Name

INTEGRATED SYSTEMS SOLUTIONS PROVIDERS, INC

2. Principal Office Address

1580 SAWGRASS CORP. PKWY

Suite, Apt. #, etc.

130

City & State

SUNRISE FL

Zip

33323

Country

USA

3. Mailing Office Address

P.O. BOX 490202

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33349

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT 23, 1999

5. FEI Number

65-0949508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

DELBERT WHITE

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

13729 NW 22 PL

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323

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

Delbert L White

REGISTERED AGENT MUST SIGN

Date 3-23-2004

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
P/C	DELBERT WHITE	13729 NW 22 PL	SUNRISE FL 33323
S/D	FRIEDA BLACKWELL	13729 NW 22 PL	SUNRISE FL 33323

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: Delbert L White DELBERT WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2004

Date

954 4395131

Daytime Phone #

CR2E081 (01/04)