

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 16 PM 4:00

DOCUMENT # P99000085506

1. Corporation Name

II INTERNATIONAL DRIVER SERVICES CORP.

Principal Place of Business

Mailing Address

909 VAN LIEU STREET
KISSIMMEE FL 34744

909 VAN LIEU STREET
KISSIMMEE FL 34744



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

22 W. MONUMENT AVE
Suite, Apt. #, etc. #25

22 W. MONUMENT AVE.
Suite, Apt. #, etc. #05

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

Zip
34741

Country
USA

Zip
34741

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1999

5. FEI Number

59-3600105

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
PTS	TIRADO, ILBIA	909 VAN LIEU STREET	KISSIMMEE FL 34744

700004711297--7
-12/06/01--01034--020
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TIRADO, ILBIA I
909 VAN LIEU STREET
KISSIMMEE FL 34744

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ilbia Tirado

Date

11/13/01

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE:

Ilbia Tirado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/01

Daytime Phone #

407-709-1232