

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV 10 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H31363

1. Corporation Name

Integrated Control Systems, Inc.

2. Principal Office Address - No P.O. Box #

% McCrory Law Firm

Suite, Apt. #, etc.

309 Tamiami Trail

City & State

Punta Gorda

Zip

FL

Country

33950-4875

3. Mailing Office Address

% McCrory Law Firm

Suite, Apt. #, etc.

309 Tamiami Trail

City & State

Punta Gorda

Zip

FL

Country

33950-4875

900279018279
11/10/15--01028--018 **900.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

November 27, 1984

5. FEI Number

58-1787342

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Phyllis A. Walker, Esq.

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

% McCrory Law Firm

Suite, Apt. #, Etc.

309 Tamiami Trail

City

Punta Gorda

State

FL

Zip Code

33950-4875

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

11-3-15

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
D	A. Jill C. McCrory, Esq.	309 Tamiami Trail	Punta Gorda, FL 33950
VP	Phyllis A. Walker, Esq.	309 Tamiami Trail	Punta Gorda, FL 33950

10. E-mail Address: Melissa@McCroryLaw.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Phyllis A. Walker, VP

(941) 205-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #