

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 22 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L25 390

1. Corporation Name

INDEPENDENT CERTIFIED FINANCIAL  
SERVICES, INC.

2. Principal Office Address

C/O EDDY SOUZA

3. Mailing Office Address

C/O EDDY SOUZA

Suite, Apt. #, etc.

1600 S. FEDERAL HWY SUITE 202

Suite, Apt. #, etc.

1600 S. FEDERAL HWY  
SUITE 202

City & State

POMPAÑO BEACH, FL

City & State

POMPAÑO BEACH, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-26-1989

5. FEI Number

650183796

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

EDDY SOUZA

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

1600 S. FEDERAL HWY

Suite, Apt. #, Etc.

SUITE 202

City

POMPAÑO BEACH

State

FL

Zip Code

33062

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

*Eddy Souza*  
REGISTERED AGENT MUST SIGN

Date

2-7-2001

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/S/T/D	EDDY SOUZA	1600 S. FEDERAL HWY. SUITE - 202	POMPAÑO BEACH, FL 33062

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-7-2001 954-784-9008

Daytime Phone #

CR2E081 (9/00)