

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 28 PM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004081

1. Entity Name  
INTERGRATED COMMUNITY SERVICES INC.



Principal Place of Business  
801 NW 37TH TERR  
GAINESVILLE, FL 32605

Mailing Address  
801 NW 37TH TERR  
GAINESVILLE, FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT 2005**

4. FEI Number  
01-0666643

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, BOBBY  
801 NW 37TH TERR  
GAINESVILLE, FL 32605

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and town applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/27/05

**FILE NOW!!! FEE IS \$61.25  
After January 1, 2006, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BOYD, BOBBY  
STREET ADDRESS 801 NW 37TH TERR  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE VP ☐ Delete  
NAME WALLACE, RAQUAL V  
STREET ADDRESS 801 NW 37TH TERR  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE AD ☐ Delete  
NAME EDWARDS, L. TONYA  
STREET ADDRESS 2504 NW 39TH AVENUE  
CITY-ST-ZIP EVINSTON, FL 32633

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800060994958  
CITY-ST-ZIP 10/28/05--01042--001 \*\*\$1.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/05

Date

352 256 0223

Daytime Phone #