PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -3 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004081

1. Corporation Name INTERGRATED COMMUNITY SERVICES

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
801 NW 37TH TERR	801 NW 37TH TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE FL	City & State: GAINESVILLE FL
Zip: 32605 Country: ALACHUA	Zip: 32605 Country: ALACHUA

REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida 05/29/2002

5. FEI Number 010166666 43 ☐ 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: BOBBY BOYD

Street Address (P.O. Box Number is Not Acceptable): 801 NW 37TH TERR

Suite, Apt. #, Etc.:

City: GAINESVILLE State: FL Zip Code: 32605

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] REGISTERED AGENT MUST SIGN Date 10/1/08

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	BOBBY BOYD	801 NW 37TH TERR	GAINESVILLE FL 32605
ASST DIR.	SANDRA BOYD	7559 DEVOLA TRAIL	JACKSONVILLE FL 32244
SEC.	LA'TONY JOHNSON	5337 NE 27TH TERR	GAINESVILLE FL 32605

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10/03/08--01058--002 **183.75
183.75
8.79

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 contained in Chapter 119, 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] BOBBY BOYD 10/1/08 352-219-0665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #