

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -3 PM 2:49

DOCUMENT # N95000002292

1. Corporation Name

Independent Social Services, Inc.

2. Principal Office Address

312 E. 124th Ave.

3. Mailing Office Address

P.O. Box 82749

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33612-

Country

Hillsborough

Zip

33682--

Country

Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

05/11/95

6. FEI Number

59-3319032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SEE INSTRUCTIONS REQUIRED for a Certificate of Status

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name

Barbara Keithly

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

312 E. 124th Ave.

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33612

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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

Barbara Keithly
REGISTERED AGENT MUST SIGN

Date

10/1/01

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
PD	Barbara Keithly	312 E. 124th Ave.	Tampa, FL 33612
VD	Robbin Keithly	312 E. 124th Ave.	Tampa, FL 33612
TD	Kevin Cameron	4805 West Laurel St. #100	Tampa, FL 33607
SD	Luz D. Chavez	7301 Sunshine Circle	Tampa, FL 33634

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:

Barbara Keithly
Barbara Keithly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/01 (813) 935-4894

Daytime Phone #

CR2004 1 (9/00)