

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 6:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000001953

1. Corporation Name

INNOVATIVE COMMUNICATION SOLUTIONS, INC.

Principal Place of Business

Mailing Address

11332 SW 73RD LN  
MIAMI FL 33173

11332 SW 73RD LN  
MIAMI FL 33173

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

9835 SW 72<sup>nd</sup> ST  
Suite, Apt. #, etc.

9835 SW 72<sup>nd</sup> ST  
Suite, Apt. #, etc.

SUITE 208

SUITE 208

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip  
33173

Zip  
33173

Country  
U.S.A

Country  
U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

01/05/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	LAMOTHE, HERVE	11332 SW 73RD LN	MIAMI FL 33173
DV	LAMOTHE, LAVOISIER	11332 SW 73RD LN	MIAMI FL 33173
DV	MATHIAS, FRANTZ	11332 SW 73RD LN	MIAMI FL 33173
DS	LAMOTHE, ROGES	11332 SW 73RD LN	MIAMI FL 33173
DT	JOSEPH, PATRICE	11332 SW 73RD LN	MIAMI FL 33173

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMOTHE, LAVOISIER  
11332 SW 73RD LN  
MIAMI FL 33173

Name

LAMOTHE LAVOISIER

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

11332 SW 73<sup>rd</sup> LNE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

CR2E040 (9/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-11-2002

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-02

(305) 279-7328

Date

Daytime Phone #