

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 23 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000018907

1. Corporation Name

INDEPENDENT CONSULTING
ASSOCIATES, INC.

300064304063
01/23/06--01029--002 **1358.75

CR2E081 (12/05)

2. Principal Office Address

3412 NUNDY ROAD

3. Mailing Office Address

P.O. BOX 273356

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33618

Country

USA

Zip

33688

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2001

5. FEI Number

59-3697681

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

JOHN A. SWAIN

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

3412 NUNDY ROAD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33618

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

John A. Swain

REGISTERED AGENT MUST SIGN

Date 1-20-2006

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
PSTD	JUDITH SWAIN	3412 NUNDY ROAD	TAMPA FL 33618

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:

Judith A. Swain

Judith A. Swain 1-20-2006

813-966-9020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #