

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 26 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028042

1. Corporation Name

Independent Contracting Services Inc.

000032265290

04/09/04--01034--006 \*\*300.00

2. Principal Office Address

22527 S.W. 7th St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip  
33433

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3-14-2002

5. FEI Number

☒ 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

Mitchell D. Zwany

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

22527 S.W. 7th St

Suite, Apt. #, Etc.

City

Boca Raton

State  
FL

Zip Code

33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0603, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/6/04

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
P	Anthony M. Sco	420 S.E. 14th Ave	Pompano Bch FL 33060
✓	Mitchell Zwany	22527 S.W. 7th St	Boca Raton FL 33433

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:

*[Signature]* Mitchell Zwany

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/04

Daytime Phone #

561-239-6090

CR25081 (01/04)

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**MITCHELL D. ZWANG**  
**ANTHONY MISEO**  
**INDEPENDENT CONTRACTING SERVICES Inc.**  
**22527 SW 7<sup>th</sup> Street**  
**Boca Raton, FL 33433**  
**(561) 239-6090, 239-6091**  
**FAX (561) 488-6303**

**April 06, 2004**

**Department of State**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**Enclosed you will find a check in the amount of \$300 to  
reinstate our business Independent Contracting  
Services Inc.( Document #P02000028042) It was  
brought to our attention that our company was  
dissolved for not filing the proper paper work with the  
State of Florida. We never received the notice and ask  
the state to please waive the reinstatement fee. Also in  
the future, any and all forms are sent to the address  
listed above so that we do not experience this again.**

**Thank you in Advance,**

**Anthony Miseo**

**Mitchell Zwang**