

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000078311

**Entity Name:** ISM RESTORATION, INC.

**FILED**  
**Dec 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4574 N. HIATUS ROAD  
SUNRISE, FL 33351

**New Principal Place of Business:**

2087 ACKOLA POINT  
LONGWOOD, FL 32779

**Current Mailing Address:**

4574 N. HIATUS ROAD  
DAVIE, FL 33351

**New Mailing Address:**

2087 ACKOLA POINT  
LONGWOOD, FL 32779

**FEI Number:** 20-3258291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORALES, INGRID  
4574 N. HIATUS ROAD  
DAVIE, FL 33351 US

**Name and Address of New Registered Agent:**

GONZALEZ, ELSA A  
2087 ACKOLA POINT  
LONGWOOD, FL 32779 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELSA GONZALEZ

12/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GONZALEZ, ELSA A  
Address: 2087 ACKOLA POINT  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELSA GONZALEZ

PRES

12/11/2012

Electronic Signature of Signing Officer or Director

Date