

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000124426

FILED  
Oct 12, 2006  
Secretary of State

**Entity Name:** INDEPENDENT CONTRACTOR GAURATEE SERVICES INC.

**Current Principal Place of Business:**

25947 TERRAWOOD LOOP  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

25947 TERRAWOOD LOOP  
LAND O LAKES, FL 34639

**New Mailing Address:**

**FEI Number:** 56-2557494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONCALVES, MANUEL  
25947 TERRAWOOD LOOP  
LAND O LAKES, FL 34639 US

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

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:** MANUEL GONCALVES

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONCALVES, MANUEL  
Address: 25947 TERRAWOOD LOOP  
City-St-Zip: LAND O LAKES, FL 34639

Title: VP ( ) Delete  
Name: CABRAL-GONCALVES, INES  
Address: 25947 TERRAWOOD LOOP  
City-St-Zip: LAND O LAKES, FL 34639

Title: S ( ) Delete  
Name: AMADO, ASHLEY  
Address: 25947 TERRAWOOD LOOP  
City-St-Zip: LAND O LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** MANUEL GONCALVES

P

10/12/2006

Electronic Signature of Signing Officer or Director

Date