

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000013011

**FILED**  
**Nov 27, 2011**  
**Secretary of State**

**Entity Name:** INNOVATIVE CUSTOMER SERVICE INC

**Current Principal Place of Business:**

18464 NE 2ND AVE  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

438 FISHTAIL TERRACE  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:** 27-1936224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TAX RESOURCE CENTER OF FLORIDA, INC.  
20401 NW 2ND AVE  
103  
MIAMI, FL 33169 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:** FRITZ MCKENZIE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** TONEY, NERISSA  
**Address:** 438 FISHTAIL TERRACE  
**City-St-Zip:** WESTON, FL 33327

**Title:** CFO  
**Name:** POWELL, PAMELA  
**Address:** 438 FISHTAIL TERRACE  
**City-St-Zip:** WESTON, FL 33327

**Title:** D  
**Name:** SILVERA, LAMAR  
**Address:** 438 FISHTAIL TERRACE  
**City-St-Zip:** WESTON, FL 33327

**Title:** D  
**Name:** TONEY, KEVIN  
**Address:** 438 FISHTAIL TERRACE  
**City-St-Zip:** WESTON, FL 33327

**Title:** D  
**Name:** AMOS, ANTHONY  
**Address:** 438 FISHTAIL TERRACE  
**City-St-Zip:** WESTON, FL 33327

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:** PAMELA POWELL

CFO

11/27/2011

Electronic Signature of Signing Officer or Director

Date