

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000041692

**FILED**  
**Feb 12, 2013**  
**Secretary of State**

**Entity Name:** INTEGRATED SERVICES USA, INC.

**Current Principal Place of Business:**

2030 S. DOUGLAS AVE.  
OF. 109  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

3025 SW VENTURA ST.  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

2030 S. DOUGLAS RD.  
OF. 109  
CORAL GABLES, FL 33134

**New Mailing Address:**

3025 SW VENTURA ST.  
PORT ST LUCIE, FL 34953

**FEI Number:** 45-2250658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GAGEL, JAMES P  
2030 S DOUGLAS RD.  
OF. 109  
CORAL GABLES, FL 33134 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: JAMES GAGEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D, P  
Name: ARTICA, CESAR  
Address: 3025 SW VENTURA ST  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DVPS  
Name: RODRIGUEZ, KARLA  
Address: 3025 SW VENTURA ST  
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: CESAR ARTICA

MR

02/12/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date