

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *PA1000010793*

Corporation Name

Innovative Services Corporation

APPROVED  
AND  
FILED

98 AUG 17 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

13000 Sawgrass Circle  
Suite 25  
Ponte Vedra Beach, Florida 32082

REINSTATEMENT *90-98*

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/4/94	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3225036	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, T, S, D	Thaddeus Hammond	13000 Sawgrass Circle Suite 25	Ponte Vedra Beach, FL 32082

500002621465-5  
-08/20/98--01088--014  
\*\*\*1050.00 \*\*\*1050.00

*8-17-98*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.  
1201 Hays Street, Suite 105  
Tallahassee, Florida 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Anthony J. ... Assistant Secretary*  
REGISTERED AGENT MUST SIGN

Date

*8/13/98*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Thaddeus Hammond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Thaddeus Hammond

*Aug 13, 1998*  
Date

(904) 285-9170  
Daytime Phone #