

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 18 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000006393

1. Corporation Name

Integration and Automation Services, Inc

900009582089  
12/18/02--01067--007 \*\*150.00

2. Principal Office Address

322 Dulmer Drive

Suite, Apt. #, etc.

City & State

Nokomis, FL

Zip

34275

Country

USA

3. Mailing Office Address

322 Dulmer Drive

Suite, Apt. #, etc.

City & State

Nokomis, FL

Zip

34275

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/2001

5. FEI Number

65-1031717

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eugene E. Fellows

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

322 Dulmer Drive

Suite, Apt. #, Etc.

City

Nokomis

State

FL

Zip Code

34275

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Eugene E. Fellows	322 Dulmer Drive	Nokomis, FL 34275
VP	Lawrence C. Hardy	RR 3 Box 95	Cresco, PA 18326

10. 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.

Eugene E. Fellows

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-484-3340

Date

Daytime Phone #

CR2E081 (9/01)

Integration and Automation Services, Inc.  
Eugene E. Fellows  
322 Dulmer Dr  
Nokomis, FL 34275

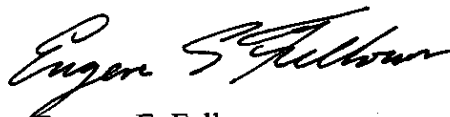
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Dir/Madam

Enclosed please an application for Corporation Reinstatement long with a check in the amount of \$150.00 representing the 2002 annual report fee.

I hereby apply for waiver of the reinstatement fee, due to non-receipt of previous notices.

Sincerely,

  
Eugene E. Fellows