

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 SEP 30 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004019

1. Corporation Name

Integrity Building Corporation

700135851647  
09/15/08--01045--012 \*\*758.75

2. Principal Office Address - No P.O. Box #

1258 NW 13th Ave

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip

33426

Country

U.S.A.

3. Mailing Office Address

1258 NW 13th Ave.

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip

33426

Country

U.S.A.

**REINSTATEMENT** CR2E081 (12/07) 05-08

4. Date Incorporated or Qualified

To Do Business in Florida August 11, 2003

5. FEI Number

45-0506459

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

Robert McClure

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

1258 NW 13th Ave.

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33426

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Robert McClure*

REGISTERED AGENT MUST SIGN

Date September 10, 2008

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
	Robert McClure / President	1258 NW 13 Ave	Boynton Bch, FL 33426

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 contained in Chapter 119, 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:

*Robert McClure*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/08

Date

561/248-3950

Daytime Phone #