


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -1 PM 1:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004539**

1. Corporation Name

Integra Resort Management, Inc.

2. Principal Office Address

6165 Carrier Drive
Suite, Apt. #, etc.

3. Mailing Office Address

6165 Carrier Drive
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

Oran

Zip

FL 32819

Country

Oran

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/95

5. FEI Number

752611784

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

600025087236

Name

John Gordon

12/01/03--01012--019 **8.5

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

6165 Carrier Drive

600025087236

12/01/03--01012--019 **15.00

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/20/03

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
D	John Gordon	6165 Carrier Drive	Orlando, FL 32819

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.

SIGNATURE:

[Signature] John Gordon

Date

11/20/03

Daytime Phone #

407-351-1155

CR2E081 (10/02)



The Enclave

Suites At Orlando

November 20, 2003

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


To Whom It May Concern:

Please accept my Corporate Reinstatement for Integra Resort Management, Inc. I respectfully request you to waive Late Fees and Reinstatement fees relating to the reinstatement. The mailing address of the Corporation changed to 6165 Carrier Drive, Orlando FL 32819; therefore I did not receive the UBR to file. In my error, I did not notify the Department of State of the change in address, and apologize for this oversight. Your consideration would be greatly appreciated.

Enclosed please find a check for \$150.00, as well as a check for \$8.75 for a Certificate of Status for the Corporate Filing.

Please feel free to contact me at 407-351-1155 should you have any questions.

Respectfully,



John Gordon
Integra Resort Management, Inc.