

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 19 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006057

1. Corporation Name

INTEGRATED TECHNOLOGIES MANAGEMENT CORPORATION,
INC.

Principal Place of Business

Mailing Address

710 YORKLYN ROAD SUITE B
HOCKESSIN DE 19707

710 YORKLYN ROAD SUITE B
HOCKESSIN DE 19707

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

2. New Principal Office Address, if Applicable

726 Yorklyn Rd.

3. New Mailing Office Address, if Applicable

726 Yorklyn Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1996

5. FEI Number

51-0347413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 Title(s)	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
PC	PARRISH, CRAIG A	103 HART DRIVE	AVONDALE PA 19311
S	RAMBO, DOROTHY	2 LANTERN LANE	WILMINGTON DE 19810
✓	VANSCIVER, DANIEL	5409 Pinckney Dr.	WILMINGTON, DE 19808.
			400002699694--8 -12/02/98-01001-019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HAMILTON, JOHN ESQ.
SUITE 3650 AMSOUTH BLDG
100 N. TAMPA ST.
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name
JOHN C. HAMILTON Esq
Street Address (P.O. Box Number is Not Acceptable)
SUITE 3650
Suite, Apt. #, Etc.
100 N. TAMPA ST.
City
TAMPA FL
State
FL
Zip Code
33602

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Nov 17, 1998

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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/98 (302) 234-5353

CR2E040 (9/98)