

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000127

1. Corporation Name

INTEGRITY CABLE RESOURCES, INC.

Principal Place of Business

Mailing Address

6217 WEEKLY STREET
MILTON FL 32570

6217 WEEKLY STREET
MILTON FL 32570



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

01/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3548228

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

000003471188-9

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City, State, Zip |
|---------------|---|--|-----------------------|
| PCD | BLACKSTONE, LAWRENCE P | 6063 MANDIE LANE | MILTON FL |
| VTD | BLACKSTONE, OLIVIA D | 6063 MANDIE LANE | MILTON FL |
| SD | BLACKSTONE, LAWRENCE T | 4041 E OLIVE RD., APT #388 | PENSACOLA FL |
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REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STILTNER, VERA M.
4260 HIGHWAY 90, ANDORA VILLAS
APT 30
PACE FL 32571

Name

James Marcus FORTNER

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

4537 BRIAN STREET

Suite, Apt. #, Etc.

City

PACE

State

FL

Zip Code

32571

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

James Marcus Fortner
REGISTERED AGENT MUST SIGN

Date 10-27-00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence T. Blackstone

10/27/00

Date

850-626-1188

Daytime Phone #

CR2E040 (8/00)