

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 29 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000127

1. Corporation Name

INTEGRITY CABLE RESOURCES, INC.

Principal Place of Business

6217 WEEKLY STREET
MILTON FL 32570

Mailing Address

~~6217 WEEKLY STREET~~ 6063 MANDIE LN,
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1999

5. FEI Number

59-3548228

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

000008641080
10/29/02--01018--004 **750.00

[Signature]

8. Name and Address of Current Registered Agent

FORTNER, JAMES M
4537 BRIAN STREET
PACE FL 32571

9. Name and Address of New Registered Agent

Name

VERA M. STILTNER

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

4260 HWY 90

Suite, Apt. #, Etc.

APT 30

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-24-02

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]
LAWRENCE P. BLACKSTONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

Daytime Phone #

CR2E040 (8/02)