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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000019147

Name and Mailing Address

0009106 01 AT 0.292 \*\*AUTO H3 0 0615 33351-790860



INTEGRAL USA, LLC  
4660 N. HIATUS ROAD  
SUNRISE FL 33351-7908

100025770871  
12/26/03--01031--018 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/29/2002	
Principal Place of Business 4660 N. HIATUS ROAD SUNRISE FL 33357	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent HOFFMAN, COREY E ESQ. 3250 MARY STREET SUITE 303 MIAMI FL 33133		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number) City FL Zip Code		100025770871 01/26/04--01031--021 **50.00	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Corey E. Hoffman</i> <b>SIGNATURE REQUIRED</b> Date <u>12/17/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HAREL, YIGAL	4660 N. HIATUS ROAD	SUNRISE FL 33357

REINSTATEMENT

03-04  
OK

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

**SIGNATURE REQUIRED**

Date

12/17/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager