

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L56539

1. Corporation Name  
INTEGRATED COMPUTER TECHNOLOGY, INC.

Principal Place of Business Mailing Address  
4190 BELFORT ROAD 4190 BELFORT ROAD  
SUITE 200 SUITE 200  
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216

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 03/12/1990  
5. FEI Number 59-3002807  
6. CERTIFICATE OF STATUS DESIRED

REINSTATEMENT

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	LEWIS, CHRISTOPHER S	1800 PLANTATION OAKS DR.	JACKSONVILLE FL 32223
VP	LEWIS, GEORGINA L	1800 PLANTATION OAKS DR.	JACKSONVILLE FL 32223

400002011644--4  
-11/21/96--01097--001  
\*\*\*375.00 \*\*\*375.00

11-20-96

8. Name and Address of Current Registered Agent  
LEWIS, GEORGINA LYN  
4190 BELFORT ROAD  
SUITE 200  
JACKSONVILLE FL 32216  
9. Name and Address of New Registered Agent

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: *Georgina Lewis*  
REGISTERED AGENT MUST SIGN  
Date: 11-15-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

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)(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: *Georgina Lewis*  
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
Date: 11-15-96  
Daytime Phone #: 904-296-6100

CR-2340 (7/95)