## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPO	ORATIO ATEME			9	Secretary	TMENT OF of State preparations		06	MO'! 2	:!' 7 FIII				
DOCUM 1. Corporation		# L565	39		-						i.			
In	ıtegra	ted Co	mpute	er Tech	_	gy, Inc								
2. Principal Office Address				3. Mailing Office Address				וו כיד	TATE	מיחר ע	صرحات	N AT	יתיתי	
1860 Plantation Oaks I				or. SAME				KI	TITA	STA	1 Pc	W.T.	TA T	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. Date Inco	rporated or	Qualified		10 20	306	
City & State				City & State				To Do Bu	siness in Fl	orida _	3/12/	90		
Jacksonville, FL							5. FEI Num		300280	17	<del> </del>	led For Applicable		
Zip				Zip		Country		6. CERTIFICA	<del></del>	IS DESIRED [	- \$8.75 A		ee required	
	···			7 .	ame and A	ddmes of Curr	ent Register	red Ament					o outile	
	7. Name and Address of Current Registered Agent  Name Christopher Lewis Street Address (P.O. Box Number is Not Acceptable) 1860 Plantation Oaks Drive Suite, Apt. #, Etc.  City Jacksonville,  State Zip Code FL 32223													
8. I, being app					ration, am f	amiliar with and	accept the o	bligations of sec	<del></del>	322 35 or 617.05			60/61	
Signature of Registered Agent REGISTERED AGENT MUST SIGN									obiligations of section 607.0505 or 617.0503, F.S.  Date					
9. Names and	d Street Add	resses of Each	Officer and	Vor Director (Flo	orida nenoro	fit corporations (	must list at le	east 3 directors)						
Titles	Name of Officers and for Directors			Street Address of				ach City (State / 7in					-	
DPST C	Christ	opher	Lewi	s .	1860	Planta	tion	Oaks D	Jac	ksonv	ille	FL 32	2223	
									18/06- 1000	0808 -01034 0808 -0108	015 12:52	**150		
									118 1 18.00	1 1 2 1 7 9 9 9		<b>₩</b> ● 位 10 1	<u>: • 1.11.1</u>	
10. 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 filting this reinstatement application, the reason for dissolution has been eliminated, the corporate name setisfies 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 logal effect as if made under oath.  SIGNATURE:  A Chris Lewis 10-12-06 954-2-96-3900														
SIGNATU	SIGNATURE: 6 Chris Lewis 10-12-06 954-2-96-3900 Date Daytime Phone #												- 170	

B. Mitchell NOV 2 7 2006