

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 98 SEP -9 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # L80914					
1. Corporation Name The Integrity Group Inc					
Principal Place of Business		Mailing Address			
2003 NORTH OCEAN BLVD BOCA RATON FL 33431		SUITE 1604			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6-13-1990	
City & State		City & State		5. FEI Number	
Zip		Zip		650200502	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES	FRANK MICALI	2003 N. OCEAN BLVD	SUITE 1604 BOCA RATON FL 33431		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
FRANK MICALI # 2003 N. OCEAN BLVD 1604 BOCA RATON FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		
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 Frank Micali			Date 9-4-98		
REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
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: Frank Micali			Date 9-4-98		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 561 362-6548		

THE INTEGRITY GROUP
2003 NORTH OCEAN BLVD.
APT. 1604
BOCA RATON, FL. 33431

Request taken by: tkscott
08-31-1998

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)
- (1) 203. Reinstatement (Corp)
- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*Confirming our phone conversation please
send checks in the amount of \$315.00
for reinstatement please waive the penalty
as this address is new and I never
received any notices.
also a check for \$8.75 certificate of status
Many Thanks
Mary*