

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 17 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT # *M9700000432*

Integra Management, L.L.C.
6 Via Los Incas
Palm Beach, FL 33480

1a. Principal Place of Business Address

Integra Management, L.L.C.
6 Via Los Incas
Palm Beach, FL 33480

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

July 22, 1997

Georgia

City & State

City & State

4. FEI Number

650762803

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

n/a

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

C.T. Corporation Systems
1200 South Pine Island Road
Plantation, FL 33324

Name

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

Suite, Apt. #, etc.

City

877.50

300002883123--5

-05/21/99--01118--001

****1405.75 ***877.50*

9. 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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

5-12-99

10. Title

Managing Member/Managers

Business Street Address

City, State & Zip Code

Manager

Integra Funding, Inc.

Talbot Landing, Suite 2
295 Bay Street

Easton, Maryland 21601

REINSTATEMENT

98-99

5-17-99

11 I certify that I am managing member/manager or true 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

Date

Daytime Phone #410/820-0566

Typed or printed name of signing Managing Member/Manager

J. Lawrence Porter, President