2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N27644

FILED Oct 03, 2009 Secretary of State

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Entity Nan	1e: INTERGRO	DUP 5, INC.					
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:			
	OMASVILLE RE SEE, FL 32303						
Current Ma	ailing Address	:	New Maili	New Mailing Address:			
	OMASVILLE RE SEE, FL 32303						
FEI Number:	59-2915187	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desir	ed ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
CORNELL, CHARLES M 4726 GAUTIER DR. TALLAHASSEE, FL 32303 US			3315 DAR	FILAR, DONALD C 3315 DARTMOOR DRIVE TALLAHASSEE, FL 32312 US			
The above in the State		bmits this statement for th	ne purpose of changing i	ts registered	d office or registered agent	, or both,	
SIGNATUR	RE: DONALD F	FILAR		10/03/2009			
	Electronic	Signature of Registered.	Agent	t Date			
OFFICERS	AND DIRECTO	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TD () D CORNELL, CHAR 4726 GAUTIER D TALLAHASSEE, F	R.	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VCD () D FENNELL, MIKE 527 CASA BIANC MONTICELLO, FL		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	CD () D FILAR, CRAIG 3315 DOMOOR D TALLAHASSEE, F		Title: Name: Address: City-St-Zip:	CD FILAR, DON 3315 DARTN TALLAHASS			
Title: Name: Address: City-St-Zip:	SD () D MCGINNIS, CARC 3723 SUTON CT. TALLAHASSEE, F		Title: Name: Address: City-St-Zip:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD FILAR CD 10/03/2009