

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -3 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000020457

1. Corporation Name

INTEGRITY GRAPHIC APPLICATIONS, INC.

2. Principal Office Address

1298 SW 8 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4601

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33486

Country

U.S.

City & State

DEERFIELD BCH., FL

Zip

33442

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1/31/2000

5. FEI Number

65 1002818

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRISTIAN BARAN

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

1298 SW 8 ST.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Christian Baran

REGISTERED AGENT MUST SIGN

Date

7/1/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	CHRISTIAN BARAN	1298 SW 8 ST	BOCA RATON, FL 33486

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 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:

Christian Baran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03

Date

954.881.3116

Daytime Phone #

CR2E081 (10/02)