

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 16 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Integrated Telephone Systems Inc
Ref. # P00000051561

2. Principal Office Address

1409 Kingsley Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Bldg # 2

Suite, Apt. #, etc.

City & State

Orange Park, Fla

City & State

Zip

32073

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2,000

5. FEI Number

59-3047866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert J. van Winkel

500019100465

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

6034 Chester Ave

*05/16/03--01013--006 **300.00*

Suite, Apt. #, Etc.

208

City

Jacksonville

State
FL

Zip Code

32217

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

Robert J. van Winkel

Date *3/6/03*

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>Robert J. van Winkel</i>	<i>13074 Autumn River Rd</i>	<i>Jax, Fla. 32224</i>
<i>V</i>	<i>David Mayres</i>	<i>2412 Stockton Drive</i>	<i>Green Cove Springs Fla. 32043</i>

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:

Robert J. van Winkel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/03

Daytime Phone #

904/237-6140

CR2E081 (10/02)

Val2
5/1/03

Florida Department of State

Attention: Michelle Milligan
Document Specialist

Re: Integrated Telephone Systems, Inc

Dear Ms. Milligan,

#P00000051561

Per our telephone conversation, I did not receive the renewal form (was probably send to old address)

I completed the new information and have enclosed the check for reinstatement.

Thanks for your assistance.

Sincerely,

Robert van Winkel

(Signature)