

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Tim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00000088517

1. Corporation Name

INTEGRATED DESIGN SERVICES, INC.

2. Principal Office Address

6 Lakeview Place

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1369

Suite, Apt. #, etc.

City & State

Anna Maria, FL.

Zip

34216

Country

US

City & State

Anna Maria, FL.

Zip

34216

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9.27.00

5. FEI Number

65.1042357

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

Connie Y. Ellsworth

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

6 Lakeview Place

Suite, Apt. #, Etc.

City

Anna Maria

State

FL

Zip Code

34216

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

Connie Y. Ellsworth

REGISTERED AGENT MUST SIGN

Date 12.30.02

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
P	Connie Y. Ellsworth	6 Lakeview Place	Anna Maria, FL. 34216

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:

Connie Y. Ellsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie Y. Ellsworth

Date

12.30.02

Daytime Phone #

941.545.0797

CR2E081 (9/01)