

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000095188

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: INTEGRITY MORTGAGE OF LAKELAND, INC.

## Current Principal Place of Business:

4404 S. FLORIDA AVE  
SUITE 7  
LAKELAND, FL 33813

## New Principal Place of Business:

4404 S FLORIDA AVE  
SUITE 7  
LAKELAND, FL 33813

## Current Mailing Address:

4404 S. FLORIDA AVE  
SUITE 7  
LAKELAND, FL 33813

## New Mailing Address:

5337 N. SOCRUM LOOP  
SUITE 227  
LAKELAND, FL 33809

FEI Number: 59-3639317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOTO, MARIELIZ  
4415 FLORIDA DR  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

BELL, XAVIER  
6197 LAKESIDE DR  
LAKELAND, FL 33813 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: XAVIER BELL

01/24/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KING, CYNTHIA  
Address: 4415 FLORIDA DR.  
City-St-Zip: LAKELAND, FL 33813

Title: VP ( ) Delete  
Name: SOTO, MARIELIZ  
Address: 4415 FLORIDA DR  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA KING

D

01/24/2007

Electronic Signature of Signing Officer or Director

Date