

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 27 AM 8:14

DOCUMENT # P01000036629

1. Corporation Name
Integrated Telephone Services Inc

REINSTATEMENT

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 13043rd Ave SW		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach FL		City & State Same	
Zip 32968	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida original 4/11/2001	Applied For Not Applicable
5. FEI Number 900015290	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
John R. Stevens

Street Address (P.O. Box Number is Not Acceptable)
430 36th Ave

Suite, Apt. #, Etc.

City
Vero Beach

State
FL

Zip Code
32968

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 John R. Stevens REGISTERED AGENT MUST SIGN Date 6-25-07

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/D/T	John R. Stevens	430 36th Avenue	Vero Beach/FL
V	Vicki L. Stevens	1086 W 13th SQ	Vero Beach/FL
M	Joseph T Andrews Jr	1527 39th Avenue	Vero Beach/FL/ 32960

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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 contained in Chapter 119, 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: John R. Stevens John R. Stevens 6-25-07 772-778-7848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #