

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -3 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096109

1. Corporation Name

Integrez Corp.

2. Principal Office Address - No P.O. Box #

1792 Bell Tower Lane

Suite, Apt. #, etc.

City & State

Weston, FL

Zip
33326

Country
USA

3. Mailing Office Address

1792 Bell Tower Lane

Suite, Apt. #, etc.

City & State

Weston, FL

Zip
33326

Country
USA

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

October 2, 2001

5. FEI Number

30-0018592

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
Peter A. Krause / Krause & Goldberg PA

Street Address (P.O. Box Number is Not Acceptable)
1792 Bell Tower Lane

Suite, Apt. #, Etc.

City
Weston

State
FL

Zip Code
33326

☐ 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

Peter A. Krause

REGISTERED AGENT MUST SIGN

Date **10-2-07**

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	Volmar Espinosa	1792 Bell Tower Lane	Weston, FL, 33326

300110220368
10/03/07--01029--006 ++\$08.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Volmar Espinosa
VOLMAR ESPINOSA

Date

Oct 01st, 2007

Daytime Phone #

954-258-1880