

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 29 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P020003/255

1. Corporation Name

INTEGRAL HOLDINGS, INC.

2. Principal Office Address

14909 FAVERSHAM CIRCLE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32826

Country

USA

3. Mailing Office Address

14909 FAVERSHAM CIRCLE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32826

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/21/2002

5. FEI Number

01-0652344

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

DONNA L. DRAVES

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

120 E. Concord St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

Donna L. Draves

REGISTERED AGENT MUST SIGN

Date

9/25/03

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	CHRISTOPHER MOORE	14909 FAVERSHAM CIRCLE	ORLANDO - FL 32826

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:

Christopher Moore

CHRISTOPHER MOORE

9/25/03

Date

Daytime Phone #

321-228-4635

CR2E081 (10/02)

9/30