

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 18 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000104846

1. Corporation Name

Integrity Integrated Inc

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

2714 Savannah Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2714 Savannah Dr

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33563

Country

Hillsborough

Zip

33563

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2004 -

5. FEI Number

010747009

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

Matthew C. Cardon

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

2714 Savannah Dr

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33563



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.

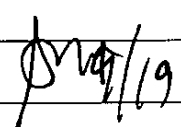
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 09-13-2007

REGISTERED AGENT MUST SIGN

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	Matthew C. Cardon	2714 Savannah Dr	Plant City, FL 33563
			

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:

Matthew C. Cardon

09-13-2007

813-817-1620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #