

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000112750**

1. Corporation Name

INTEGRATED PARTNERS, INC.

2. Principal Office Address

301 CLEMATIS ST.

Suite, Apt. #, etc.

SUITE 3000

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/02

5. FEI Number

04-3737788

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

200024168357
10/27/03 01066-021 **150.00

7. Name and Address of Current Registered Agent

Name

BRIAN J. DAVIS, ESQ

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

7121 FAIRWAY DRIVE

Suite, Apt. #, Etc.

SUITE 201

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

X **Brian J. Davis**
REGISTERED AGENT MUST SIGN

Date

10/20/03

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
PRES.	ANTHONY WOOD	6166 SUGAR LOAF LANE	WEST PALM BEACH, FL. 33411

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY WOOD

Date

10/20/03

Daytime Phone #

516-248-9300

CR2E081 (10/02)

21 10/20