

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 21 PM 4:29

SECRETARY OF STATE
ALLAHASSEE, FLORIDA



03182005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000010091 1. Entity Name INTEGRITY TITLE GROUP, INC.					
Principal Place of Business 4600 W COMMERCIAL BLVD STE 7 TAMARAC, FL 33309			Mailing Address 4600 W COMMERCIAL BLVD STE 7 TAMARAC, FL 33309		
2. Principal Place of Business 4600 W. Commercial Blvd #7 Suite, Apt. #, etc.		3. Mailing Address 4600 W. Commercial Blvd #7 Suite, Apt. #, etc.		4. FEI Number 30-0148147 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State Tamarac FL 33309		City & State Tamarac Florida			
Zip 33309		Zip 33309			
Country U.S.		Country U.S.			
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				7. Name and Address of New Registered Agent Name Chris Gibson Street Address (P.O. Box Number is Not Acceptable) 4600 W. Commercial Blvd #7 City Tamarac FL Zip Code 33309	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Chris Gibson / President 3/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, CHRIS 4600 W COMMERCIAL BLVD STE 7 TAMARAC, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	70004989200 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/05/05--01028--010 **908.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Chris Gibson 3/18/05 (954)486-4390 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					