2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 01, 2009
Secretary of State

DOCUMENT# P03000022597

Entity Name: INTEGRAL, INC.

Current Principal Place of Business:

6464 N W 5TH WAY
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

1717 N BAYSHORE DRIVE
MIAMI, FL 33132

Current Mailing Address:

1332 SW 4TH CT
FT. LAUDERDALE, FL 33312

New Mailing Address:

1717 N BAYSHORE DRIVE
MIAMI, FL 33132

FEI Number: 56-2359696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CARL M NURSE

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: NURSE, CARL M
Address: 6464 N W 5TH WAY
City-St-Zip: FT LAUDERDALE, FL 33309 NY

Title: CEO ( ) Delete
Name: NURSE, C. MICHAEL
Address: 1332 SW 4TH CT
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP ( ) Delete
Name: MALLAHAN, SHAWN
Address: 6464 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL M NURSE CEO 10/01/2009

Electronic Signature of Signing Officer or Director — Date