

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000002494

1. Entity Name
INTEGRITY ELECTRICAL ENTERPRISES, INC.



FILED

07 OCT 31 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
121 OLD SHELL HARBOR ROAD
SATSUMA, FL 32189 US

Mailing Address
121 OLD SHELL HARBOR ROAD
SATSUMA, FL 32189 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



10232007 REIN:P CR2E098(1/07)

4. FEI Number

81-0661719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DARRYL
141 S SALISBURY AVE
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name: JAMES A CREWS
Street Address (P.O. Box Number is Not Acceptable): 121 OLD SHELL HARBOR ROAD
City: SATSUMA FL Zip Code: 32189

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: James A. Crews

JAMES A CREWS

10/23/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CREWS, JAMES A
STREET ADDRESS 121 OLD SHELL HARBOR ROAD
CITY-ST-ZIP SATSUMA, FL 32189

TITLE ST ☒ Delete
NAME MARTIN, DARRYL
STREET ADDRESS 141 S. SALISBURY AVENUE
CITY-ST-ZIP DELAND, FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000111557280
CITY-ST-ZIP 10/31/07--01052--004 **\$150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James A. Crews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Crews 10/23/07

Daytime Phone #

B. Mitchell OCT 31 2007