## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000059172

Entity Name: INTEGRITY APPRAISAL, INC.

**FILED** Oct 31, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2607 EDGEWATER DRIVE 306 OCOEE APOPKA ROAD

SUITE 328 SUITE 2

ORLANDO, FL 32804 OCOEE, FL 34761

**Current Mailing Address: New Mailing Address:** 

475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714

FEI Number: 90-0238963 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN PL 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714 US

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: STEPHEN COHN

Electronic Signature of Registered Agent Date

Title:

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BLAIR, APRIL L BLAIR, APRIL L Name: Name:

2607 EDGEWATER DRIVE, SUITE 328 306 OCOEE APOPKA ROAD, SUITE 2 Address: Address:

City-St-Zip: ORLANDO, FL 32804 City-St-Zip: OCOEE, FL 34761

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition

Name: JOHNSON, CHERYL G Name: JOHNSON, CHERYL G

2607 EDGEWATER DRIVE, SUITE 328 Address: 306 OCOEE APOPKA ROAD, SUITE 2 Address:

ORLANDO, FL 32804 OCOEE, FL 34761 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: APRIL L BLAIR 10/31/2006