

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039617

1. Corporation Name

INTEGRATED, INC.

Principal Place of Business

Mailing Address

7906 LOST COVE CT.  
ORLANDO FL 32819

7906 LOST COVE CT.  
ORLANDO FL 32819

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7906 LOST COVE CT  
ORLANDO, FL

7906 LOST COVE CT  
ORLANDO, FL

Zip 32819 Country

Zip 32819 Country

5. FEI Number

59-3190607

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	AUSTIN, ROBERT	7906 LOST COVE COURT	ORLANDO FL
VP	AUSTIN, SHERRY L	7906 LOST COVE COURT	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AUSTIN, SHERRY L  
7906 LOST COVE COURT  
ORLANDO FL 32819

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-18-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98  
Date

407-876-3034  
Daytime Phone #

(2)

# ICE *Integrated Conveyance Engineering*

18 November 1998

Division of Corporations  
Annual Report/Reinstatement Section  
409 East Garies Street  
Tallahassee, FL 32399

Re: Reinstatement Form/Fees and Document # P93000039617

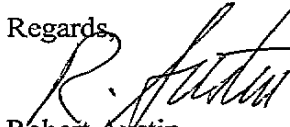
Dear Sir/Madam,

Please find check for \$150.00 for the annual report fee and corporate supplement fee.

We never received the last request since the address on your form is listed incorrectly as 7606 Lost Cove CT. In conversation today with your office we were told the \$600.00 reinstatement fee would be waived.

Please contact me for additional information.

Regards



Robert Austin  
President