

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
901008537039
11/06/02--01134--007 **150.00

DOCUMENT # P95000041978

1. Corporation Name

INTEGRITY INSURANCE AGENCY, INC.

Principal Place of Business

15476 N.W. 77TH CT.
SUITE 326
MIAMI LAKES FL 33016

Mailing Address

15476 N.W. 77TH CT.
SUITE 326
MIAMI LAKES FL 33016

2002 4188



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

05/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0585571

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GONZALEZ, OTTO I	15476 N.W. 77TH CT., SUITE 326	MIAMI LAKES FL 33016
V	GONZALEZ, ANGELA	15476 N.W. 77TH CT., SUITE 326	MIAMI LAKES FL 33016

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name MAURICE A. SIERRA

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

1941 W. 68 STREET

Suite, Apt. #, Etc.

City HIALLAND, FL 33014

State FL

Zip Code 33014

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-27-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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INTEGRITY INSURANCE AGENCY, INC.

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October 27, 2002

Department of State.
Division of Corporations

Dear Sir or Madam:

We apologize for the inconvenience that this has caused you and we would like to inform you that we have never received the UBR report renewal during this year. Please reinstate our corporation, a check in the amount of \$150.00 is enclosed activate the reinstatement. We have named a new Agent for our Company so that he can receive the information and make us aware as to the renewal dates in the future.

Sincerely,

Otto Gonzalez,
President