

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 18 PM 12:13

DOCUMENT # P95000041978

1. Corporation Name

INTEGRITY INSURANCE AGENCY, INC.

2. Principal Office Address

15476 NW 77 COURT

Suite, Apt. #, etc.

326

City & State

MIAMI LAKES, FL

Zip

33016

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

05-30-1995

5. FEI Number

65-0585571

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OTTO GONZALEZ

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

15476 NW 77 COURT

Suite, Apt. #, Etc.

SUITE 326

City

MIAMI LAKES

State

FL

Zip Code

33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GONZALEZ, OTTO I	15476 NW 77 CT SUITE 326	MIAMI LAKES, FL 33016
V	GONZALEZ, ANGELA	15476 NW 77 CT SUITE 326	MIAMI LAKES, FL 33016

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10/18/04--01078--002 \*\*500.00

10. 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

OTTO I. Gonzalez

Date

10/15/04 (305) 827-9911

Daytime Phone #