

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 03-04

City & State
MIAMI LAKES, FL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida 05-30-1995

Zip
33016

Country

Zip

Country

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 **\$00.00

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 #