PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 DEC 18 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094825

1 Corporation Name

INTEGRAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
9230 SW 104 ST MIAMI FL 33176	9230 SW 104 ST MIAMI FL 33176

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
Trans Express 108 7801 N.W. 37th Street P.O.BOX 566 770	Trans Express 108 7801 N.W. Street P.O. BOX 566 770
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FLORIDA	City & State: MIAMI - FLORIDA
Zip: 33152 Country: U.S.A.	Zip: 33152 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1995

5. FEI Number: ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SOTO, MARCO SR	9230 SW 104 ST	MIAMI FL 33176
D	SOTO, MARCO JR	9230 SW 104 ST	MIAMI FL 33176
D	SOTO, JOSE	9230 SW 104 ST	MIAMI FL 33176
			800002033928--1
			-12/19/96--01060--019
			****375.00 ****375.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DR
SUITE 700
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name: MARCO A. SOTO
Street Address (P.O. Box Number is Not Acceptable): 7801 N.W. 37 Th Street
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33152

CR2E040 (7/96)

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] Date: DEC - 16 - 1996
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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] MARCO A SOTO DEC 16 1996 (506) 2333722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047867 AP