

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 4:00

DOCUMENT # P96000033269

1. Corporation Name
INTEGRA SYSTEMS TECHNOLOGY, INC.

Principal Place of Business Mailing Address
22069 US HIGHWAY 19 N 22069 US HIGHWAY 19 N
CLEARWATER FL 34625 CLEARWATER FL 34625



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 04/15/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3372078	
City & State		City & State		Applied For Not Applicable	
Zip 33765 Country		Zip 33765 Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	LEUCI, THOMAS	1546 BERING COURT	PALM HARBOR FL 34683
V	MAKER, ROBERT	2046 SANTIAGO WAY	CLEARWATER FL
			8000003033248--2
			-11/02/99--01108--015
			***150.00 ***150.00
AB 11/1			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEUCI, THOMAS 22069 US HIGHWAY 19 N CLEARWATER FL 34625		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code 33765	

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 *Thomas M. Leuci* Date 10/21/99
REGISTERED AGENT MUST SIGN

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: *Thomas M. Leuci* Thomas M. Leuci 10/21/99 (727) 799-4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

October 21, 1999

To: Florida Department of State (Corporate Re-instatement Division)
From: Thomas M. Leuci, President (Integra Systems Technology, Inc.

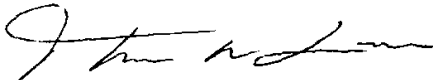
RE: Re-Instatement of Corporation

To whom it may concern,

Upon discussions with Stacey Prather at your office and explanation to the fact that this is the 2nd year in a row that we were not mailed the original documentation to file the corporate annual report, she explained that I should only pay the original \$150.00 corporate fee and to send this letter with the completed application and check. We have not seen or have ever received the original corporate annual report documentation for the past 2 years as I stated previously.

If you have any questions, please contact me at (727) 799-4226 Ext. 104

Sincerely,



Thomas M. Leuci
President