

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -2 PM 4:57

DOCUMENT # P97000007595

1. Corporation Name

INTEGRATED SOFTWARE TECHNOLOGIES, INC.

Principal Place of Business

4590-1 BECK LAKE TR  
MELBOURNE FL 32901

Mailing Address

4590-1 BECK LAKE TR  
MELBOURNE FL 32901



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

01/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3427512

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	DOUGLASS, JEFFREY	4590-1 BECK LAKE TRAIL	MELBOURNE FL 32901

600003472906--5

-11/21/00--01076--011

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

DOUGLASS, JEFFREY  
1818 MALABAR LAKES DRIVE  
PALM BAY FL 32905

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Jeff Douglas*  
REGISTERED AGENT MUST SIGN

Date

10-20-00

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:

*Jeff Douglas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-00

Daytime Phone #

(2)

**C. L. HENF, PA**  
**Certified Public Accountant**

2550 Palm Bay Road, Suite 205  
Palm Bay, Florida 32905

Tel (321) 676-5338  
Fax (321) 951-1129  
Email: clhdebit@mindspring.com

October 20, 2000

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Integrated Technologies, Inc.  
Document #: P97000007595

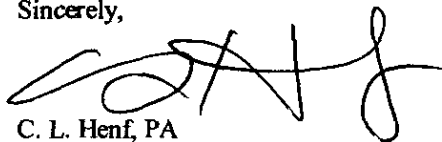
Gentlemen:

The above taxpayer is in receipt of the Certificate of Administrative Dissolution or Revocation. We kindly request that the company be reinstated. Enclosed is completed Application for Reinstatement as required. We kindly request special consideration with respect to the fees for reinstatement due to reasonable cause.

The taxpayer has been on assignment outside the State of Florida for over six months. Unfortunately, the original Annual Report never was received by the taxpayer. This could have been a function of the forwarding of the taxpayer's mail. However, as soon as the oversight was discovered, a check in the amount of \$ 150.00 was forwarded to my attention so that the situation could be handled.

Therefore, we kindly request that you process the enclosed information and check and reinstate the corporate status.

Sincerely,



C. L. Henf, PA  
Certified Public Accountant