

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000055314

1. Corporation Name

INTEGRA COMMUNICATIONS INC.

2. Principal Office Address

900 39th AV N.E

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 592633

Suite, Apt. #, etc.

City & State

ST Petersburg FL. MIAMI FL.

Zip

33703

Country

U.S.A

Zip

33159-2633

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

6/23/97

SP

5. FEI Number

59-3464029

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

Johnny E ZUNIGA

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

4043 FLAMINGO DR.

Suite, Apt. #, Etc.

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*****908.75 *****908.75

City

New Port Richey

State

FL

Zip Code

34652

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

4/18/01

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

President	Johnny E ZUNIGA	4043 FLAMINGO DR	New Port Richey FL 34652

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:

Johnny E ZUNIGA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

727 4215955

Daytime Phone #

CR2E081 (9/00)