

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 MAR 25 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P92 000055314

1. Corporation Name

INTEGRA COMMUNICATIONS, INC.

2. Principal Office Address

900 39TH AVENUE N.E.

3. Mailing Office Address

P.O. BOX 592633

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

MIAMI FL

Zip

33703

Country

USA

Zip

33159-2633

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

June 23, 1997

5. FEI Number

593464029

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

ZUNIGA, JOHNNY E

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

1200 Ohio Ave

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

3/12/2005

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
CEO-	Johnny Zuniga	1200 Ohio Ave	Palm Harbor, FL 34683
Pres.	Renee Williams	900 39th Ave NE	St. Petersburg, FL 33703

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

Date

3/20/05 727 877-0259

Daytime Phone #

T. Roberts APR 04 2005