

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000057073

1. Corporation Name

INTEGRATED STRUCTURES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 30446  
PALM BEACH GARDENS FL 33420

POST OFFICE BOX 30446  
PALM BEACH GARDENS FL 33420

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11911 U.S. HWY. 1

Suite, Apt. #, etc.

STE 120

City & State

PALM BEACH GARDENS FL

Zip

33420

Country

TALM BEACH

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/1997

5. FEI Number

65-0790405

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)

1 Title(s)	2 Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
PDT	BARR, JAMES	POST OFFICE BOX 30446 N/A	PALM BEACH GARDENS FL 33420

REINSTATEMENT

98

90

12-4-99

100002737411-4

-01/12/99--01005--018

\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

FERENCIK, JR., ROBERT E ESQ.  
150 S. PINE ISLAND ROAD  
SUITE 400  
FORT LAUDERDALE FL 33324

9. Name and Address of New Registered Agent

Name

JAMES BARR

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

4415 MOCKINGBIRD DR.

Suite, Apt. #, Etc.

City

BOUNTAY BCH.

State

FL

Zip Code

33436

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

*James Barr*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

Dec. 15, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*James Barr*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/98 954/584-7252

Daytime Phone #