

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 30 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100120

1. Corporation Name

INTEGRA U.S.A., INC.

Principal Place of Business

Mailing Address

305 THREE CROSS
ROSWELL NM 88201

305 THREE CROSS
ROSWELL NM 88201



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

2. New Principal Office Address, If Applicable

2520 MIMOSA DRIVE

3. New Mailing Office Address, If Applicable

2520 MIMOSA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROSWELL NM

City & State

ROSWELL NM

Zip
88201

Country
USA

Zip
88201

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

11/25/1997

5. FEI Number

85-0452167

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 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PIZARRO, RODRIGO N	305 THREE CROSS	ROSWELL NM 88201
SD	NINO, BEATRIZ R	305 THREE CROSS	ROSWELL NM 88201
PD	PIZARRO, RODRIGO N	4416 MAGNOLIA RIDGE DR.	WESTON FL 33331
SD	NINO, BEATRIZ R	4416 MAGNOLIA RIDGE DR.	WESTON FL 33331
REINSTATEMENT		98	300002703419--3 -12/04/98--01078--014 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANCHEZ, WILLIAM J
10621 N KENDALL DRIVE SUITE 208
MIAMI FL 33176

Name
PIZARRO, RODRIGO N
Street Address (P.O. Box Number is Not Acceptable)
4416 MAGNOLIA RIDGE DRIVE
Suite, Apt. #, Etc.

City
WESTON

State
FL

Zip Code
33331

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date NOV 24/98

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 24/98 (954)3858248

Date

Daytime Phone #

CR2E040 (9/98)