

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 # 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

Date

NOV 24/98

REGISTERED AGENT MUST SIGN

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

Date

(954)3858248

Daytime Phone #

CR2E040 (9/98)