

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000106738**

1. Corporation Name

Integrated Financial Designs, Inc

2. Principal Office Address

1325 South Congress Ave

Suite, Apt. #, etc.

SUITE 200

City & State

BOYNTON BEACH FL

Zip

33426

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 200

City & State

SAME

Zip

Country

REINSTATEMENT 98-04

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

11-342-1992

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

IRA S. MATELETSKY President

000041294330

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

Integrated Financial Designs Inc

Suite, Apt. #, etc.

1325 South Congress Ave Suite 200

City

BOYNTON BEACH, FLORIDA

State

FL

Zip Code

33426

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

IMatelesky

REGISTERED AGENT MUST SIGN

Date

9/11/04

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	IRA S. MATELETSKY	5977 Wedgewood Village Circle	LAKE WORTH FL 33463

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:

IMatelesky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/04

Daytime Phone #

561-735-9227

CR2E081 (01/04)