

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT -9 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 798000049467

1. Corporation Name

INTEGRATED HOMES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1801 Clint Moore Rd.  
Suite 204  
Boca Raton, FL 33487

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3591904

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO	RICH, DAVID	1801 Clint Moore Rd.	Boca Raton, FL 33487
P	SERGEANT, PHILIP	1801 Clint Moore Rd.	Boca Raton, FL 33487

600003446866--4  
-11/01/00--01045--018  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 2000  
10/6/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name David Rich  
Street Address (P.O. Box Number is Not Acceptable)  
1628 Monarch Ct.  
Suite, Apt. #, Etc.

City Delroy Beach State FL Zip Code 33446

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 David Rich REGISTERED AGENT MUST SIGN

Date 10/6/00

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Rich

Date

Daytime Phone #

10/6/00

561-982-  
9720 X106