

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000049467**

1. Corporation Name

INTEGRATED HOMES OF FLORIDA INC.

Principal Place of Business

1801 CLINT MOORE RD.
SUITE 204
BOCA RATON FL 33487

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1998

5. FEI Number

22-3591904

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| CEO | RICH, DAVID | 1801 CLINT MOORE RD. | BOCA RATON FL 33487 |
| P | SERGEANT, PHILIP | 1801 CLINT MOORE RD. #204 | BOCA RATON FL 33487 |
| UP | Thomas Steinbuch | 1801 CLINT MOORE RD | Boca Raton Fl. 33487 |
| | | | 700004719207--8 -12/11/01--01075--012 ****750.00 ****750.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

RICH, DAVID
7628 MONARCH CT
DELRAY BEACH FL 33446

9. Name and Address of New Registered Agent

Name **ORNER & ASSOCIATES, P.A.**
Howard Orner Esquire
Street Address (P.O. Box Number is Not Acceptable)
2825 University Dr
Suite, Apt. #, Etc.
Suite 350
City **Coral Springs** State **FL** Zip Code **33065**

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

Date

11. 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

Date

Daytime Phone #

11/27/01 561-982-9770 x101

CR2E040 (8/01)