

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -2 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P9800004467

1. Corporation Name

INTEGRATED HOMES OF FLORIDA INC.

2. Principal Office Address

507 SE 11TH COURT

Suite, Apt. #, etc.

City & State

FORT CAUDERDALE

Zip

FL33316

Country

USA

3. Mailing Office Address

P.O. Box 970215

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

FL33497

Country

USA

REINSTATEMENT 01

05-24-02 91338 041 \$150.00

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. Name and Address of Current Registered Agent

Name

JOHN B DICKIARA ESQ.

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

507 SOUTHEAST 11TH COURT.

Suite, Apt. #, Etc.

City

FORT CAUDERDALE

State

FL

Zip Code

33316

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11/25/02

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
<u>PRES.</u>	<u>PHILIP SERGEANT</u>	<u>22080 ACTONA DRIVE P.O. Box 970215</u>	<u>BOCA RATON FL 33428 BOCA RATON FL 33497</u>
<u>VP/SEC.</u>	<u>THOMAS STEINBACH</u>	<u>1801 CUMTMOORE RD.</u>	<u>BOCA RATON FL 33487</u>

[Handwritten Signature] 12/2

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:

[Handwritten Signature]

PHILIP SERGEANT / PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/02

Daytime Phone #

561.866.7427

CR2E081 (9/01)