

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

FILED

00 OCT 30 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000079665

1. Corporation Name

INTEGRATED CORPORATE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

~~3690 N.E. 21ST LANE
FT. LAUDERDALE FL 33308~~

~~P.O. BOX 23912
OAKLAND PARK FL 33307~~



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

09/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~7340 SW 5 ST~~

~~7340 SW 5 ST~~

City & State
PLANTATION, FL

City & State
PLANTATION, FL

Zip
33307

Country
USA

Zip
33317

Country
USA

5. FEI Number

65-0884345

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	4 City / State / Zip
P	CALLANAN, BRIAN	5090 N.E. 21ST LANE	FT. LAUDERDALE FL 33308
	CALLANAN, BRIAN	7340 SW 5TH ST	Plantation, FL 33317
			300003472913--4
			-11/21/00--01076--015
			***150.00 ***150.00
			004BR 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALTSCHUL, JOSEPH E. ESQ.
2500 WESTON RD., STE. 313
FT. LAUDERDALE FL 33308

Name

BRIAN CALLANAN

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

7340 SW 5 ST

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33317

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]
REGISTERED AGENT MUST SIGN

Date 10/25/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00
Date

Daytime Phone #

CR2E040 (8/00)

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INTEGRATED
CORPORATE
TECHNOLOGIES

COMPUTER
TELEPHONY
INTEGRATION

Florida Department of State
Ms. Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

October 25, 2000

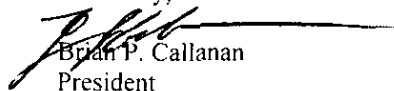
Dear Ms. Harris:

I am writing you to request a waiver of the fees and penalties associated with my late 2000 corporation annual report/uniform business report. I have since moved twice from original address due to a recent engagement and marriage. I did file the appropriate address change paperwork and am concerned given my original address information has not been changed.

Please notice I have changed the address on the enclosed form and included the check for payment. I would appreciate your attention to this matter and support in this most precarious situation.

Thank-you in advance for your anticipated understanding.

Gratefully,


Brian P. Callanan
President

340 SW 5TH ST
Plantation, FL 33317
~~P.O. Box 23912~~
~~Orlando Park~~
~~Florida 33307~~
Tel. 1.800.998.5424
~~Fax: 954.491.0658~~