

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
STATE SECRETARY OF CORPORATIONS  
03 APR -4 AM 10:39

DOCUMENT # *P99000095494*

1. Corporation Name

*Integrity Mortgage and  
Financial Services, Inc.*

2. Principal Office Address

*10 South 5th St*

Suite, Apt. #, etc.

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

City & State

*Lake Worth, FLA.*

City & State

*Lake Worth, FLA.*

Zip

*33460*

Country

*USA*

Zip

*33460*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*65-0967953*

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

*Maura J. Hennessy*

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

*10 South 5th St*

Suite, Apt. #, Etc.

City

*Lake Worth*

State

*FL*

Zip Code

*33460*

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

*Maura J. Hennessy*

REGISTERED AGENT MUST SIGN

Date *3/12/03*

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
<i>P</i>	<i>Maura J. Hennessy</i>	<i>1031 N. "M" St</i>	<i>Lake Worth, FL 33460</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maura J. Hennessy*

Date

*3/12/03*

Daytime Phone #

*561-  
651-7450*

CR2E081 (10/02)

# INTEGRITY MORTGAGE AND FINANCIAL SERVICES, INC.

A Licensed Mortgage Brokerage Business  
Purchases and Refinances

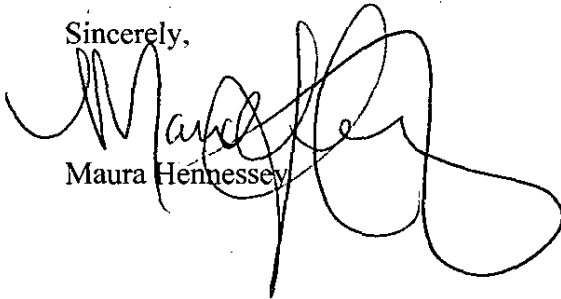
Reinstatement of Corporation

To whom it may concern,

My business moved over 3 times in 3 years and I did not receive the notice of the annual report. I have now been at my new location for over 18 months and I do not see a problem with receiving the annual report again.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maura Hennessey', written over the printed name.

Maura Hennessey