

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 30 PM 2:16

DOCUMENT # P99000101112

1. Corporation Name

NEXUS*IS (INTEGRA SRVC), INC.

Principal Place of Business

Mailing Address

1435 SOUTHWEST 104 AVENUE
 MIAMI FL 33174

1435 SOUTHWEST 104 AVENUE
 MIAMI FL 33174



REINSTATEMENT 00

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

11/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0988706

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Armando L. Calienes	1435 SW 104 Ave	Miami, FL 33174

~~800003491198-4~~
~~-12/07/00-01080-013~~
~~****750.00 ****750.00~~

AR 12/6

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALIENES, ARMANDO L
 1435 SOUTHWEST 104 AVENUE
 MIAMI FL 33174

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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

Armando L. Calienes

Date

11/27/00

REGISTERED AGENT MUST SIGN

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)(l), 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:

Armando L. Calienes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/00
 Date

Daytime Phone #

CR2E040 (8/00)