


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L03000039382 1. Entity Name INTEGRITY HEALTH PRODUCTS, LLC | |  FILED JUN -8 PM 4: 15 TALLAHASSEE, FLORIDA SECRETARY OF STATE |
| Principal Place of Business 4521 PGA BLVD. SUITE 169 PALM BEACH GARDENS, FL 33418 US | | Mailing Address 4521 PGA BLVD. SUITE 169 PALM BEACH GARDENS, FL 33415-8 US |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 12-111 FOURTH AVE SUITE 365 | |
| City & State ST CATHARINES ONTARIO | | 4. FEI Number 74-3109734 |
| Zip L2S 3P5 | Country CANADA | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent ENTIN, SETH J ESQ. 1221 BRICKELL AVENUE MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVENUE City TALLAHASSEE FL Zip Code 32301 |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE <u>Katie Wonsch, Asst. Sec.</u> 6/8/09 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOGLUND, JOHN W <input type="checkbox"/> Delete 4521 PGA BLVD., STE. 169 PALM BEACH GARDENS, FL 33418 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROCCOLO, MICHAEL A <input type="checkbox"/> Delete 12-111 FOURTH AVE., STE. 365 ST. CATHARINES, ON L2S 3P5 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit 100156911561 06/09/09--01001--006 **277.50 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROCCOLO, GINA <input type="checkbox"/> Delete 4466 LAKESIDE DRIVE BEAMSVILLE, ON L0R 1B1 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit NAME STREET ADDRESS CITY-ST-ZIP |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | |
| SIGNATURE: <u>Michael Broccolo</u> MICHAEL BROCCOLO 06/08/09 905-641-9111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>CLERK</small> |

REINSTATEMENT 2008-2009