


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

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|--|---|--|
| <b>DOCUMENT # L03000039382</b><br>1. Entity Name<br><b>INTEGRITY HEALTH PRODUCTS, LLC</b>  |   | <br><b>FILED</b><br>JUN -8 PM 4: 15<br>TALLAHASSEE, FLORIDA<br>SECRETARY OF STATE   |
| Principal Place of Business<br><b>4521 PGA BLVD.<br/>SUITE 169<br/>PALM BEACH GARDENS, FL 33418 US</b>   |   | Mailing Address<br><b>4521 PGA BLVD.<br/>SUITE 169<br/>PALM BEACH GARDENS, FL 33415-8 US</b>   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  | 3. Mailing Address<br><b>12-111 FOURTH AVE<br/>SUITE 365</b>  |  |
| City & State<br><b>ST CATHARINES ONTARIO</b>   |   | 4. FEI Number<br><b>74-3109734</b>   |
| Zip<br><b>L2S 3P5</b>  | Country<br><b>CANADA</b>  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |
| 6. Name and Address of Current Registered Agent<br><br><b>ENTIN, SETH J ESQ.<br/>1221 BRICKELL AVENUE<br/>MIAMI, FL 33131</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>CORPDIRECT AGENTS, INC.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>515 E. PARK AVENUE</b><br>City<br><b>TALLAHASSEE FL</b> Zip Code<br><b>32301</b> |
| 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.<br>SIGNATURE <u>Katie Wonsch, Asst. Sec.</u> <span style="float: right;">6/8/09</span><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                   |   |  |
| <b>FILE NOW!!! FEE IS \$277.50</b>   | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  | Make check payable to<br><b>Florida Department of State</b>  |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES  |
| TITLE<br><b>MGRM</b> <input type="checkbox"/> Delete<br>NAME<br><b>HOGLUND, JOHN W</b><br>STREET ADDRESS<br><b>4521 PGA BLVD., STE. 169</b><br>CITY-ST-ZIP<br><b>PALM BEACH GARDENS, FL 33418</b>  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addit<br>NAME<br><b>100156911561</b><br>STREET ADDRESS<br><b>06/09/09--01001--006 **277.50</b><br>CITY-ST-ZIP | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addit<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP   |
| TITLE<br><b>MGRM</b> <input type="checkbox"/> Delete<br>NAME<br><b>BROCCOLO, MICHAEL A</b><br>STREET ADDRESS<br><b>12-111 FOURTH AVE., STE. 365</b><br>CITY-ST-ZIP<br><b>ST. CATHARINES, ON L2S 3P5</b>  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addit<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addit<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP   |
| TITLE<br><b>MGRM</b> <input type="checkbox"/> Delete<br>NAME<br><b>BROCCOLO, GINA</b><br>STREET ADDRESS<br><b>4466 LAKESIDE DRIVE</b><br>CITY-ST-ZIP<br><b>BEAMSVILLE, ON L0R 1B1</b>  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addit<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addit<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP   |
| TITLE<br><input type="checkbox"/> Delete<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addit<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addit<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP   |
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| 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> <b>MICHAEL BROCCOLO</b> <span style="float: right;">06/08/09 905-641-9111</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   | DATE: <b>06/08/09</b>  |

REINSTATEMENT 2008-2009