

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name *M00000001763
Integrity Air, LLC*

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <i>4701-37 ST.E.</i>		3. Mailing Office Address <i>Same as Principle</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Same as Principle</i>	
City & State <i>Bradenton, Fla.</i>		City & State " " "	
Zip <i>34203</i>	Country <i>Mexico</i>	Zip <i>34203</i>	Country "

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida *8-1-2000*

6. FEI Number *651027848* Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name *John Thurbon*

Street Address (P.O. Box Number is Not Acceptable)
4701 37 ST.E.

Suite, Apt. #, Etc.

City *Bradenton* State **FL** Zip Code *34203*

E-mail Address:
500247180045
*04/24/13--01006--001 **541.25*
jthurbon@integrityiscool.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date *4-16-13*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
<i>MGRM</i>	<i>John Thurbon</i>	<i>4701 37 ST.E.</i>	<i>Bradenton, Fl. 34203</i>

J. SAULSBERRY
EXAMINER
APR 25 2013

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.055, F.S.

Signature of Managing Member/Manager *[Signature]* Date *1-30-13* Daytime Phone # *941-465-5208*