

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2003
LIMITED LIABILITY
COMPANY
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

10/2
APPROVED
AND
FILED
02 NOV -6 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L000 000019858

1. Limited Liability Company's Name

Integrity Resources, LLC

2. Principal Office Address

1100 Fifth Avenue S

Suite, Apt. #, etc.

#201

City & State

Naples, FL

Zip

34102

Country

Collier

3. Mailing Office Address

1100 Fifth Avenue S

Suite, Apt. #, etc.

#201

City & State

Naples, FL

Zip

34102

Country

Collier

4. State/Country of Formation

Florida - Collier

5. Date Organized or Qualified
To Do Business in Florida

12/18/00

6. FEI Number

59-3687748

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

Carrie E. Lademan, Esq.

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

Woodward, Pires & Lombardo

Suite, Apt. #, Etc.

3200 Tamiami Trail N., Suite 200

City

Naples

State

FL

Zip Code

34103

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

Carrie E. Lademan

REGISTERED AGENT MUST SIGN

Date

10/30/02

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
MCRM	Patty Zehr	1100 Fifth Avenue S., #201	Naples, FL 34102

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 608.406, 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.

Signature of
Managing Member/Manager

Mary Ann

Date

10/30/02

Daytime Phone #

941-571-

Typed or printed name of signing Managing Member/Manager

0388

CR2ED41 (9/01)

202

October 30, 2002

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Integrity Resources, LLC
Document No. L00000015858

Dear Ladies & Gentleman:

Please allow this letter to confirm that I did not receive any Notice and/or Uniform Business Reports for the years 2002, which was confirmed by your office during our telephone conversation of this date.

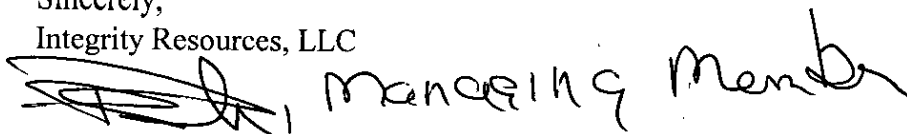
Since I did not receive any notices and/or a Uniform Business Report that were required to be filed to maintain the company in good standing, I am requesting that the reinstatement fee be waived.

I am enclosing the following information as advised by your office in our telephone conversation:

1. Original Limited Liability Company Reinstatement; and
2. Check in the amount of \$50.00 payable to the Florida Department of State to reinstate the company (which I understand to be the cost of filing the UBR for the year 2002).

Thank you for your cooperation with this matter. Should you have any questions, please feel free to contact me at (239) 390-9975.

Sincerely,
Integrity Resources, LLC


Patty Zehr, Managing Member