

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009412

1. Limited Liability Company's Name

INTEGRITY ENTERPRISES, LLC

200025454062
12/12/03--01013--027 **200.00

2. Principal Office Address

17106 Whirley Road

Suite, Apt. #, etc.

City & State

Lutz, Florida

Zip

33549

Country

U.S.A.

3. Mailing Office Address

17106 Whirley Road

Suite, Apt. #, etc.

City & State

Lutz, Florida

Zip

33549

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

June 30, 2001

6. FEI Number

59-3724314

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

Aman Law Firm

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

14502 North Dale Mabry Highway

Suite, Apt. #, Etc.

Suite 300

City

Tampa

State

FL

Zip Code

33618

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

REGISTERED AGENT MUST SIGN

Date

12/8/03

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
Mgr	Robles, Nga	17106 Whirley Road	Lutz / Florida / 33549

REINSTATEMENT

2002-2003
12/19/03

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

Date

12/08/03

Daytime Phone #

813-477-9065

Typed or printed name of signing Managing Member/Manager

Nga Robles