

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000021818

FILED  
Oct 11, 2007  
Secretary of State

Entity Name: INDUSTRIAL HYGIENE SOLUTIONS LLC

**Current Principal Place of Business:**

574010 ARBOR CLUB WAY  
BOCA RATON, FL 33433

**New Principal Place of Business:**

10903 B HIDDEN LAKE PL  
BOCA RATON, FL 33498

**Current Mailing Address:**

574010 ARBOR CLUB WAY  
BOCA RATON, FL 33433

**New Mailing Address:**

10903 HIDDEN AKE PL  
BOCA RATON, FL 33498

FEI Number: 46-0511681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WEINGAST, JOEL M  
574010 ARBOR CLUB WAY  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

WEINGAST, JOEL M  
10903 HIDDEN LAKE PL  
BOCA RATON, FL 33498 US

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.

SIGNATURE: JOEL WEINGAST

10/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: WEINGAST, JOEL  
Address: 574010 ARBOR CLUB WAY  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: WEINGAST, JOEL  
Address: 10903 B HIDDEN LAKE PL  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL WEINGAST

PRES

10/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date