

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO5000114983

1. Limited Liability Company's Name

Integrity, LLC

2. Principal Office Address - No P.O. Box #

1301 6th AVE W

Suite, Apt. #, etc.

Suite 100

City & State

Bradenton, FL

Zip

34205

Country

US

3. Mailing Office Address

1301 6th AVE W

Suite, Apt. #, etc.

Suite 100

City & State

Bradenton, FL

Zip

34205

Country

US

8. Name and Address of Current Registered Agent

Name

Joanne Owens

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

709 Hubbel RD

Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34208

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/27/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip

11. E-mail Address: klrw640@kw.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 s. 817.155, F.S.

Signature of authorized representative/member

Date

4/27/16

Daytime Phone #

941-729-7400

Typed or printed name of signing authorized representative/member

Joanne Owens

**FILED**

2016 MAY -3 P 4: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FL US

5. Date Organized or Qualified  
To Do Business in Florida

12/1/2005

6. FEI Number

20-3870795

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

500285365195  
05/03/16--01037--016 \*\*580.00