

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L06000030551 | |
| 1. Entity Name INTEGRITY INVESTMENTS GROUP LLC | |



FILED

2007 OCT 23 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 1550 S.W. 8TH STREET I BOYNTON BEACH, FL 33426 | Mailing Address 1550 S.W. 8TH STREET BOYNTON BEACH, FL 33426 |
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| 2. Principal Place of Business - No P.O. Box # 1550 SW 8TH ST Suite, Apt. #, etc. | 3. Mailing Address 1550 SW 8TH ST Suite, Apt. #, etc. |
| City & State Boynton Beach, FL Zip 33426 Country U.S.A | City & State Boynton Beach, FL Zip 33426 Country |

10192007 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

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| 6. Name and Address of Current Registered Agent DE BARNI, BEATRIZ D 4563 SUGAR PINE DR. BOCA RATON, FL 33487 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Beatriz DATE 10/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BARNI, ELVIO R 4563 SUGAR PINE DR BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400111185484 10/23/07--01023--001 **50.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DE BARNI, BEATRIZ D 4563 SUGAR PINE DR BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2007 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Beatriz DATE 10/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE