| PLEASE REAL | ALL INSTRUC | CTIONS BEFORE | COMPLETI | NG THIS FOR | М. |
|--|---|--|---|---------------------------|---------------------------------------|
| LIMITED LIABILITY COMPANY REINSTATEMENT | 马虹 配御 15 MAR - L PM 9: 19 | | | | |
| DOCUMENT # レノ ろで 1. Limited Liability Company's Name Integrity Tax Advisors, LLC | 000033 | 689 | | SECONO ART OF | · · · · · · · · · · · · · · · · · · · |
| Principal Office Address - No P.O. Box# 3. Mailing Office Address | | | CR2E041 (1/14) | | |
| 1639 Beach Blvd 1639 Be | | | 4. State/Country of Formation | | |
| Suite, Apt. #, etc. Suite, Apt. #, e | | | FL 5 Date Organized or Qualified | | |
| 111 111 City & State City & State | | | To Do Business in Florida March 3, 2013 3/3/2013 | | |
| | | e Beach | 6. FEI Number Applied For 47–3087680 Not Applicable | | |
| Zip Country | Zip | Country | 7. | _ | 55.00 Additional Fee required |
| 32250 USA | 32250 | USA | CERTIFICATE OF | STATUS DESIRED | for a Certificate of Status |
| 8. Name and Address | s of Current Registered | Agent | | | |
| Jason M Agate | | | | | |
| Street Address (P.O. Box Number is Not Accepta 371 N Roscoe Blvd | | | | | |
| Suite, Apt. #, Etc. | 800269685138 02/19/1501002001 **377.50 | | | | |
| Ponte Vedra Beach State Zip Code FL 32082 | | | 02/13 | % 13- - 0100cc | UI ***311.3U |
| 9. I, being appointed the registered agent of the | above named limited liabili | ty company, am familiar with a | nd accept the obliga | tions of Chapter 605, F.S | - |
| Signature of Registered Agent | REGISTER BAGENT |) IUST SIGN | | Date 2/1 | 3/2015 |
| 10. Names and Street Addresses of Authorized | Representatives/Manager | * | | | |
| | Authorized Representatives/ Authorized Represen | | | City | / State / Zip |
| Mr. Jason M | GATE 37 | > / N. Ros | COEBLY | PONTE | IEDICA CH, F C 32082 |
| | | | | | |
| REINSTATEMENT | | | MAR 0 4 2015 | | |
| | | | | R. HUNT | |
| 11. E-mail Address: integritytaxadviso | | used for future annual report notifics | ations) | | |

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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

_ Date _2/12/2015

_ Daytime Phone # 904-614-4065

tota

Signature of

Authorized Representative/Manager

Typed or printed name of signing Authorized Representative/Manager Jason M Agate