

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M0100000368

FILED
03 FEB 18 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000000368

Name and Mailing Address

0001523 01 FP 0.352 **PRSRT T5 0 0615 33064-732430



INTEGRITY MARKETING LIMITED, LLC
4230 NE 22 TERRACE
LIGHTHOUSE POINT FL 33064-7324

10/04/02



2. New Mailing Address 2436 N. Federal Hwy #241 City, State, Zip Lighthouse Point FL 33064		4. State/Country of Formation NV	
Principal Place of Business 4230 NE 22 TERRACE LIGHTHOUSE POINT FL 33064		5. Date Organized or Qualified To Do Business in Florida 02/16/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 91-2032020	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent TYLER, SCOTT 4230 NE 22 TERRACE LIGHTHOUSE POINT FL 33064		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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: <u>Scott Tyler</u> Date: <u>2-11-03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TYLER, SCOTT	4230 NE 22 TERRACE	LIGHTHOUSE POINT FL 33064
MGR	TYLER, LINDA	4230 NE 22 TERRACE	LIGHTHOUSE POINT FL 33064
			500012603505 02/18/03--01013--004 **200.00
REINSTATEMENT 2002-2003 BK			

12. 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: Scott Tyler Date: 2-11-03 Daytime Phone: 800 460 3729

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)