

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 NOV 12 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E041 (10/08)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M06000003455**

1. Limited Liability Company's Name

IntegrityLS Capital Sources, LLC

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

200 S. Orange Ave.

Suite, Apt. #, etc.

Suite 2160

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
Delaware, USA

5. Date Organized or Qualified  
To Do Business in Florida April 20, 2006

6. FEI Number  
87-0770408

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Charles Irwin

Street Address (P.O. Box Number is Not Acceptable)  
200 S. Orange Ave.

Suite, Apt. #, Etc.  
Suite 2160

City  
Orlando

State  
FL

Zip Code  
32801

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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

REGISTERED AGENT MUST SIGN

Date 11-3-08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Charles Irwin	200 S. Orange Ave., Suite 2160	Orlando, FL 32801
Mgr. <i>M</i>	Iain Stamp	Eietra Ave., Waterlooville Hampshire	Waterlooville, Hampshire P077XW

REINSTATEMENT

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11. 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

Date 11.3.08

Daytime Phone # 321-445-1801

Typed or printed name of signing Managing Member/Manager Charles Irwin