


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M12000003085			
1. Limited Liability Company's Name INTEGRITY CONSULTING ENGINEERING & SECURITY SOLUTIONS, LLC			
2. Principal Office Address - No P.O. Box # 35755 BOWEN PLACE Suite, Apt. #, etc.		3. Mailing Office Address 35755 BOWEN PLACE Suite, Apt. #, etc.	
City & State PURCELLVILLE, VA		City & State PURCELLVILLE, VA	
Zip 20132	Country USA	Zip 20132	Country
4. State/Country of Formation MD			
5. Date Organized or Qualified To Do Business in Florida 5/31/2012			
6. FEI Number 27-3141527			Applied For <input type="checkbox"/> 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 HAYS STREET Apt. #, Etc. City TALLAHASSEE, State FL Zip Code 32301			
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 <u>Roxanne Turner</u> <u>Roxanne Turner</u> Asst. Vice President Date <u>1/17/18</u> REGISTERED AGENT MUST SIGN			
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
	HENRI CHASE	35755 BOWEN PLACE	PURCELLVILLE, VA 20132
	PATRICK WHEELER	7360 GUILFORD DRIVE #201	FREDERICK, MD 21704
	JOHN MOLNAR	7360 GUILFORD DRIVE #201	FREDERICK, MD 21704
11. E-mail Address <u>complianceemail@cscinfo.com</u> (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 <u>Henri G. Chase</u> Date <u>1/17/2018</u> Daytime Phone # <u>703-505-4460</u> Typed or printed name of signing authorized representative/member <u>Henri G. Chase</u>			

FILED

18 JAN 17 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300308005583

CR2EC41 (1/14)

JAN 18 2018

C. CARROTHERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 025832 8078344

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 932.50

ORDER DATE : January 17, 2018

ORDER TIME : 2:12 PM

ORDER NO. : 025832-005

CUSTOMER NO: 8078344

REINSTATEMENT

NAME: INTEGRITY CONSULTING
ENGINEERING & SECURITY
SOLUTIONS, LLC

RECEIVED
2018 JAN 17 PM 4:13
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____