

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8 00

SECRETARY OF STATE

500024341945

10/31/03--01093--004 **155.00

1. DOCUMENT # L02000018080

Name and Mailing Address

0006909 01 AT 0.292 **AUTO T6 0 0615 33160-229091

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CULTURA VITA, LLC

3991 194TH TRAIL

SUNNY ISLES BEACH FL 33160-2290



2. New Mailing Address

City, State, Zip

Principal Place of Business

3991 194TH TRAIL

SUNNY ISLES BEACH FL 33160

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

07/17/2002

6. FEI Number

(EIN) 54-2062883

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

KOZOLCHYK, MIRTA

3991 194TH TRAIL

SUNNY ISLES BEACH FL 33160

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

SIGNATURE REQUIRED

Date 10-28-03

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

Mrs Mirta Kozolchyk

3991 194th Trail

Sunny Isles Beach,
FL, 33160

REINSTATEMENT

03-00-00
dec

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

SIGNATURE REQUIRED

Date 10-28-03

Daytime Phone # (305) 937-0074

Typed or printed name of signing Managing Member/Manager

Mirta Kozolchyk

CR2E034 (7/03)