

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000111108

**Entity Name:** QUI VITALITY LLC

**Current Principal Place of Business:**

9907 8TH STREET  
UNIT #64  
GOTHA, FL 34734

**FILED**  
**Oct 21, 2016**  
**Secretary of State**  
**CR4115613483**

**Current Mailing Address:**

9907 8TH STREET  
UNIT #64  
GOTHA, FL 34734 US

**FEI Number:** 47-4424003

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURKE, SEAN P  
9907 8TH STREET  
UNIT #64  
GOTHA, FL 34734 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** SEAN BURKE

10/21/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BURKE, SEAN P  
Address 9907 8TH STREET #64  
City-State-Zip: GOTHA FL 34734

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SEAN BURKE

**OWNER**

10/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date