

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 18 AM 10:18

DOCUMENT #

1. Limited Liability Company's Name

L-2664  
INDIALANTIC BODY WORKS  
Therapeutic Massage L.L.C.

2. Principal Office Address

878 N. MIRAMAR AVE

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

Zip

32903

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

Zip

32903

Country

USA

4. State/Country of Formation

FLA.

5. Date Organized or Qualified  
To Do Business in Florida

MARCH 8, 2000

6. FFI Number

59-3630998

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

John Paniccia

Street Address (P.O. Box Number is Not Acceptable)

1060 N RIVERSIDE DR

Suite, Apt. #, Etc.

City

INDIALANTIC

State

FL

Zip Code

32903

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 06/17/2001

10. Names and Street Addresses of Managing Members/Managers

| Titles       | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip   |
|--------------|--------------------------------------|---|----------------------|
| MGR<br>owner | John Paniccia                        | 1060 N. RIVERSIDE DR                              | INDIALANTIC FL 32903 |
|              |                                      | Rein 100  |                      |
|              |                                      | UBR 50  |                      |
|              |                                      | 150 KP  |                      |
|              |                                      |   |                      |
|              |                                      |   |                      |
|              |                                      |   |                      |
|              |                                      |   |                      |

**REINSTATEMENT 2001**

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 12/10/01

Daytime Phone # 321/4098588

Typed or printed name of signing Managing Member/Manager