

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L00000015538**

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

**FILED**

1. DOCUMENT # L00000015538

Name and Mailing Address

0004074 01 FP 0.352 \*\*PRSR T3 0 0615 33415-150775

1120C PARKSIDE GREEN

SIMPLY LIVING EASY, LLC

1120C PARKSIDE GREEN

WEST PALM BEACH FL 33415-1507

02 DEC -9 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600009412986

12/09/02--01025--003 \*\*150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

1120C PARKSIDE GREEN  
WEST PALM BEACH FL 33415

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

12/14/2000

6. FEI Number

65-1058643

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

GAY-EFLRETH, MARY  
1120C PARKSIDE GREEN  
WEST PALM BEACH FL 33415

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

REGISTERED AGENT MUST SIGN

Date 12-3-02

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
MGR	MARY GAY-ELFRETH	1120C PARKSIDE GREEN	WEST PALM BEACH FL 33415

**REINSTATEMENT**

2002

12/10/02

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

Date 12-03-02

Daytime Phone # 561-689-6602

Typed or printed name of signing Managing Member/Manager

MARY GAY-ELFRETH