


**L01000001857**

182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2003 OCT -8 AM 8:34

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**200023620048**  
10/07/03--01056--005 \*\*50.00

**DOCUMENT # L01000001857**

**1. Limited Liability Company's Name**  
Life Link Services, LLC

**2. Principal Office Address**  
2800 Aurora Rd.

Suite, Apt. #, etc.

**City & State**  
Melbourne, FL

**Zip**  
32935

**Country**  
USA

**3. Mailing Office Address**  
2800 Aurora Rd.

Suite, Apt. #, etc.

**City & State**  
Melbourne, FL

**Zip**  
32935

**Country**  
USA

**4. State/Country of Formation**  
FL/USA

**5. Date Organized or Qualified To Do Business in Florida** 2/05/2001

**6. FEI Number**

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**  
W.A. Henderson

**Street Address (P.O. Box Number is Not Acceptable)**  
2800 Aurora Rd.

Suite, Apt. #, Etc.

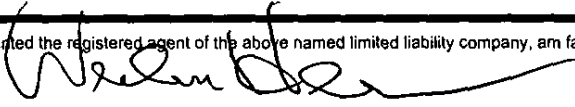
**City**  
Melbourne

**State**  
FL

**Zip Code**  
32935

**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**



**Date** 10/06/03

**REGISTERED AGENT MUST SIGN**

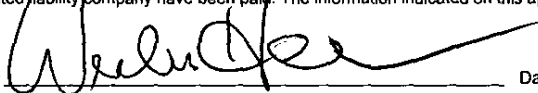
**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	W.A. Henderson	2800 Aurora Rd.	Melbourne, FL 32935

**REINSTATEMENT** 2003

**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** 10/6/03

**Daytime Phone #** 321-254-1663

**Typed or printed name of signing Managing Member/Manager** W.A. Henderson

CR20041 (10/02)

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**Re: Life Link Services, LLC (L01000001857)**

Please accept the attached Corporation reinstatement. Due the move of our offices, we never received the original forms to file in a timely fashion. The new documentation reflects the correct address. Per the instructions from your office, I have attached a check for \$50.00.

Thank you for your assistance with this matter.

Regards,

  
W.A. Henderson  
Managing Member  
Life Link Services, LLC