

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305) 357-5775
Fax Number : (305) 357-5534

DIVISION OF CORPORATIONS

02 OCT 10 PM 12:16

RECEIVED

LIMITED LIABILITY REINSTATEMENT

CIRCLE OF LIFE WELLNESS CENTERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

JB
10-10-02

10/10/02 10:28 FAX 305.377.6239

F L S D ATTORNEY

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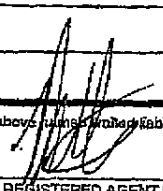
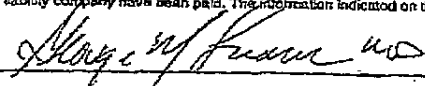
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 101000002198					
1. Limited Liability Company's Name CIRCLE OF LIFE WELLNESS CENTERS, LLC					
2. Principal Office Address 7000 S.W. 62nd Avenue		3. Mailing Office Address 7000 S.W. 62nd Avenue		4. State/Country of Formation Florida	
5. Suite, Apt. #, etc. Suite 120		6. Suite, Apt. #, etc. Suite 120		5. Date Organized or Qualified To Do Business in Florida February 9, 2001	
City & State South Miami, FL		City & State South Miami, FL		6. FEI Number ☒ Applied For ☐ Not Applicable	
Zip 33143	Country USA	Zip 33143	Country USA	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Ronald R. Fieldstone					
Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle					
Suite, Apt. #, Etc. Suite 601					
City Coral Gables					
State FL Zip Code 33134					
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 10/10/02					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
Man. Member	George M. Suarez, M.D.	7000 S.W. 62nd Ave., #120		South Miami, FL 33143	
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 10/10/02 Daytime Phone # 305-740-6919					
Typed or printed name of signing Managing Member/Manager George M. Suarez, M.D.					

REINSTATEMENT 2002

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