Division of Corporations

L01000002198

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

CIRCLE OF LIFE WELLNESS CENTERS, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000002198

REINSTATEMENT 2002

1. Limited Liability Company's Name
CIRCLE OF LIFE-WELLNESS CENTERS, LLC

2. Principal Office Address	3. Mailing Office Address
7000 S.W. 62nd Avanue	7000 S.W. 62nd Avenue
Suite, Apt. #, etc.: Suite 120	Suite, Apt. #, etc.: Suite 120
City & State: South Miami, FL	City & State: South Miami, FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: February 9, 2001

6. FEI Number: [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $55.00 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: _____ Date: 10/10/02

REGISTERED AGENT MUST SIGN

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
Mgr. 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: George M. Suarez M.D. Date: 10/10/02 Daytime Phone #: 305-740-6919

Typed or printed name of signing Managing Member/Manager: George M. Suarez, M.D.

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