

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004214

Name and Mailing Address

0015162 01 AB 0.301 **AUTO T6 3 0615 34480-844629
WELLNESS DISTRIBUTORS.COM, LLC
2829 SOUTHEAST 38TH STREET
OCALA FL 34480-8446

900024283179

10/30/03--01023--017 **150.00



2. New Mailing Address 108 N. Magnolia Ave. Ste. 200 City, State, Zip Ocala, FL 34471		4. State/Country of Formation FL	
Principal Place of Business 2829 SOUTHEAST 38TH STREET OCALA FL 34480		5. Date Organized or Qualified To Do Business in Florida 03/20/2001	
3. New Principal Place of Business Address 108 N. Magnolia Ave City, State, Zip Ocala, FL 34471		6. FEI Number 59-3705749	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent SHALA, PASHK 2829 SOUTHEAST 38TH STREET OCALA FL 34480		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date 10/20/03			
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
MGRS	SHALA, PASHK "PAUL"	2829 SOUTHEAST 38TH STREET	OCALA FL 34480

REINSTATEMENT 03
dec

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 *[Signature]* Date 10/20/03 Daytime Phone # 352-690-6664

Typed or printed name of signing Managing Member/Manager Pashk "Paul" Shala