

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000007986

FILED
Jun 21, 2005
Secretary of State

Entity Name: ALL NATIONS WELLNESS CENTER, LLC

Current Principal Place of Business:

885 N POWERS DR
ORLANDO, FL 32818

New Principal Place of Business:

4502 35TH STREET
ORLANDO, FL 32811

Current Mailing Address:

885 N POWERS DR
ORLANDO, FL 32818

New Mailing Address:

P O BOX 618126
ORLANDO, FL 32811

FEI Number: 59-3720103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OZANA, ANNA
3313 S KIRKMAN RD
#221
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANNA OZANA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KNAROF, ANAS A
Address: 3313 S KIRKMAN DR #221
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KHALAF, ANAS A
Address: 3313 S KIRKMAN DR #221
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANAS A KHALAF

MGR

06/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date