

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 14 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011302

1. Limited Liability Company's Name

NON INVASIVE HEALTH PRODUCTS LLC

800037304078  
05/25/04--01070--015 \*\*50.00  
800037304078  
05/25/04--01070--014 \*\*50.00

2. Principal Office Address

1875 14TH AVE

Suite, Apt. #, etc.

City & State

VERO BEACH

Zip

32960

Country

3. Mailing Office Address

1875 14TH AVE

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

32960

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

7-11-01

6. FEI Number

65-1120083

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

SKRIVAN, KENT

Street Address (P.O. Box Number is Not Acceptable)

801 LAUREL OAK DRIVE

Suite, Apt. #, Etc.

SUITE 705

City

NAPLES

State

FL

Zip Code

34108

800037304078  
05/25/04--01070--016 \*\*5.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/6/04

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
MGR	JOHN K PURVIS	4892 FAIRFIELD AVE	FAIRFIELD, OHIO 45014
MGR D.R.	YOUNG JIN CHUNG	5936 OLD FOREST LANE	WEST CHESTER, OHIO 45069
MGR D.R.	YOUNG NAM CHUNG	1810 WATERFORD DR. UNIT 7	VERO, BEACH, FL 32966
			800037304078 05/25/04--01070--017 **5.00
			2003-2004
			2004-2005

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

John K Purvis

Date 5-8-04

Daytime Phone# 513-604-5102

Typed or printed name of signing Managing Member/Manager

JOHN K PURVIS

CR2E041 (10/02)

May-06-04 01:49P Teri Purvis

941-597-7807

P.01

20f2



1875 Fourteenth Avenue  
Vero Beach, Florida 32960

Phone 561.563.9800  
Fax 561.564.9666

**Divisions Of Registrations  
Registrations Section**

May, 6 04

Noninvasive Health Products LLC  
John K Purvis Manager  
1875 14<sup>th</sup> Ave  
Vero, Beach, Florida  
32960

Dear Sir/Madam

I am sending the completed annual report for the following years 2002 and 2003 enclosed is two checks to pay for each of the years.

I did not receive the forms from your office to file these necessary forms in a timely manner.

Please send all necessary correspondence to the address listed above.

Thank You

*John K Purvis*  
John K Purvis

Manager Noninvasive Health Products LLC