

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000019197

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 13 PM 12: 2

WELLNESS CENTER OF WESTON, LLC
REINSTATEMENT 2003-2004

700026880607
01/13/04--01087--002 **100.00

DOCUMENT # **L01000019197**

1. Limited Liability Company's Name
WELLNESS CENTER OF WESTON, LLC
REINSTATEMENT 2003-2004

2. Principal Office Address 7160 SW 62nd AVE Suite, Apt. #, etc.		3. Mailing Office Address 7160 SW 62nd AVE Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33143	Country USA	Zip 33143	Country USA

4. State/Country of Formation
FL / USA

5. Date Organized or Qualified To Do Business in Florida
11/01

6. FEI Number
65-

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

Applied For
Not Applicable

8. Name and Address of Current Registered Agent

Name
JASON T. MARUCCI

Street Address (P.O. Box Number is Not Acceptable)
7160 SW 62nd AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33143

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]** Date **1/7/04**

REGISTERED AGENT MUST SIGN

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
MGAM Dr.	JASON T. MARUCCI	15575 SW 17 ST	DAVIE / FL / 33326

REINSTATEMENT 2003-2004

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 **[Signature]** Date **1/7/04** Daytime Phone **(305) 663 6681**

Typed or printed name of signing Managing Member/Manager **JASON T. MARUCCI**

CR2E041 (10/02)

Wellness Center of Weston, LLC

7160 SW 62nd Avenue
Miami, FL 33143
(305) 663 6681
(305) 663 8645 - fax

2 of 2
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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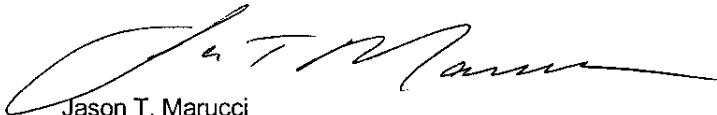
December 15, 2003

Florida Department of State
Attn: Registration
Division of Corporations
PO Box 6327
Tallahassee, Florida
32314

Dear Sir or Madam:

This letter is to notify your office that a letter of registration renewal was not received for Wellness Center of Weston, LLC EIN 651151985. Enclosed is payment of \$150 as per instructions. Please reinstate this limited liability company effective immediately to a status of active. I can be reached with any comments or questions at (305) 986-4068. Please change the mailing address to the above address.

Sincerely,



Jason T. Marucci
Managing Member

LLC UBL
returned by USPS.
- UBL

LOI-19197