

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:07

CR2E041 (8/05)

DOCUMENT # L02000001222

1. Limited Liability Company's Name

LIVING HEALTHY LLC

2. Principal Office Address

20517 WOODBRIDGE DR.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33434

Country

USA

3. Mailing Office Address

20517 WOODBRIDGE DR.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33434

Country

USA

4. State/Country of Formation

PALM BEACH, FL

5. Date Organized or Qualified
To Do Business in Florida

1/15/2002

6. FEI Number

020836980

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

EDWARD C MEYERS

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

20517 WOODBRIDGE DR

Suite, Apt. #, Etc.

13

City

BOCA RATON

State

FL

Zip Code

33434

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 3/17/06

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
MEM	Edward C MEYERS	20517 WOODBRIDGE DR.	BOCA RATON FL 33434
MEM	SHARON K Nick	20517 WOODBRIDGE DR.	BOCA RATON FL 33434
			700069535287 04/05/06--01032--013 **255.00

REINSTATEMENT 04-06

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 3/17/06

Daytime Phone # 561-483-7771

Typed or printed name of signing Managing Member/Manager

EDWARD C MEYERS