

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:07

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000001222

1. Limited Liability Company's Name
LIVING HEALTHY LLC

2. Principal Office Address <u>20517 WOODBRIDGE DR.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>20517 WOODBRIDGE DR.</u> Suite, Apt. #, etc.	
City & State <u>BOCA RATON FL</u>		City & State <u>BOCA RATON FL</u>	
Zip <u>33434</u>	Country <u>USA</u>	Zip <u>33434</u>	Country <u>USA</u>

CR2E041 (8/05)

4. State/Country of Formation <u>PALM BEACH, FL</u>	
5. Date Organized or Qualified To Do Business in Florida <u>1/15/2002</u>	
6. FEI Number <u>020836980</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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.
2

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