9-26-03
310.00

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 OCT 26 AM 10:25

DOCUMENT # L02000019821

1. Limited Liability Company's Name

NUTRISENSE SENIORS L.L.C
NUTRISENSE WELLNESS SENIORS LLC

400V10.19914
10/26/06--01036--016 **350.00

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
~~P.O. BOX 800843~~ 5091 NW 7th Street	P.O. BOX 800843
Suite, Apt. #, etc. 515	Suite, Apt. #, etc.
City & State MIAMI ~~AVENTURA~~ FL	City & State
Zip 33126 ~~33280~~ Country USA	Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☑ 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: Milton C. OLAVE

Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 800843

400V10.25914
10/26/06--01036--016 **300.00

Suite, Apt. #, Etc.: 5091 NW 7th St. # 515

City: AVENTURA State: FL Zip Code: 33280

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 _____ Date July 31 2006
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
CEO	Milton C. Olave	5091 NW 7th Street Unit 515	Miami FL 33126

03-06

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 _____ Date July 31,06 Daytime Phone # (305) 466-7000

Typed or printed name of signing Managing Member/Manager Milton Olave