

L02000032452

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
03 OCT -8 PM 3:00
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032452

1. Limited Liability Company's Name

DYNAMIC HEALTH OF FLORIDA, LLC

9/26/03

200023801012
12/4/03--01010--010 **50.00

2. Principal Office Address

1455 North Park Drive

3. Mailing Office Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 703

City & State

Weston, Florida

City & State

Miami, Florida

Zip

33326

Country

USA

Zip

33133

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/4/02

6. FEI Number

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

Name

World Corporate Services, Inc.

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

Suite, Apt. #, Etc.

2665 S. Bayshore Drive, Suite 703

City

Miami

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date

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
MANAG	CHHABRA, VINCENT	1455 North Park Drive	Weston, Florida 33326
MANAG	FARUQUI, SABINA	1455 North Park Drive	Weston, Florida 33326
		BK	

REINSTATEMENT 2003

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 608.408, 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

10/3/03

Daytime Phone # (305) 858-9900

Typed or printed name of signing Managing Member/Manager

SABINA FARUQUI

C02E041 (10/02)

L02000032452

October 3, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Attn: Reinstatement Division

Re: Dynamic Health of Florida, LLC (the "LLC")

Dear Sir or Madam:

As our office advised your department, the LLC never received the Annual Report the 2003 calendar year. Thus, we respectfully request that the LLC be reinstated and that the reinstatement penalty fee be waived.

In accordance with the instructions received, enclosed herewith please find the following in order to reinstate the LLC with the Florida Secretary of State:

1. State of Florida Application For Reinstatement; and
2. Check no. 2013 payable to the Secretary of State in the amount of \$50.00 to cover the Filing Fee for the 2003 calendar year.

Your assistance in this matter is greatly appreciated.

Sincerely,

Sabrina Farquhar

FILED
03 OCT -8 PM 3:00
TALLAHASSEE, FLORIDA