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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 27 PM 3:58

1. DOCUMENT # L02000033539

Name and Mailing Address

0007103 01 AT 0.292 \*\*AUTO T7 0 0615 33166-263508



RESTORATIVE LIGHT THERAPY, LLC  
8508 NW 66TH STREET  
MIAMI FL 33166-2635



|  |  |  |   |
|--|--|--|---|
| 2. New Mailing Address   |  | 4. State/Country of Formation<br>FL  |   |
| City, State, Zip   |  | 5. Date Organized or Qualified To Do Business in Florida<br>12/13/2002   |   |
| Principal Place of Business<br>8508 NW 66TH STREET<br>MIAMI FL 33166   | 3. New Principal Place of Business Address<br>City, State, Zip | 6. FEI Number<br>51-0437883  | Applied For<br>Not Applicable                 |
| 8. Name and Address of Current Registered Agent<br>WEBSTER, PHILIP S<br>8508 NW 66TH STREET<br>MIAMI FL 33166  |  | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status   |   |
| 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code   |  | 10. 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.<br>Signature of Registered Agent <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 12/16/03<br>REGISTERED AGENT MUST SIGN |   |
| 11. Names and Street Addresses of Each Managing Member/Manager   |  |  |   |
| Title(s)   | Name of Managing Members/Managers                              | Street Address of Each Managing Member/Manager   | City / State / Zip                            |
| MEM  | Philip S Webster   | 8508 NW 66th St  | Miami FL 33166                                |
|  |  |  | 100025630461<br>12/19/03--01039--003 **150.00 |
|  |  |  | 100025630461<br>01/27/04--01045--001 **50.00  |
| REINSTATEMENT 2003-048   |  |  |   |
| 12. 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 <i>[Signature]</i>  |  | Date 12/16/03 Daytime Phone # 305.436.0091   |   |
| Typed or printed name of signing Managing Member/Manager PHILIP S WEBSTER  |  |  |   |

CR2084 (7/03)