


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2003  
**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**  
UBR

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # L02000033774**

**1. Limited Liability Company's Name**  
**X 10 VITA, LLC**

**2. Principal Office Address**

**401 Allendale Road**

Suite, Apt. #, etc.

City & State

**Key Biscayne, FL**

Zip

**33149**

Country

**U.S.A.**

**3. Mailing Office Address**

**401 Allendale Road**

Suite, Apt. #, etc.

City & State

**Key Biscayne, FL**

Zip

**33149**

Country

**U.S.A.**

**4. State/Country of Formation**

**Florida**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number 45-0516692**

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

**Angela M. Tafur**

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

**401 Allendale Road**

Suite, Apt. #, Etc.

City

**Key Biscayne**

State  
**FL**

Zip Code  
**33149**

**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

*Angela M. Tafur*

REGISTERED AGENT MUST SIGN

Date **JUNE 10, 03**

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P.T.   | Felipe Barco                         | 401 Allendale Road                                | Key Biscayne, FL 33149 |
| S      | Angela M. Tafur                      | 401 Allendale Road                                | Key Biscayne, FL 33149 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

**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

*Angela M. Tafur*

Date **10/06/03** Daytime Phone # **305 582 9476**

Typed or printed name of signing Managing Member/Manager

**Angela Maria Tafur**

CR2E041 (10/02)