

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:30

DOCUMENT # L03000010393

1. Limited Liability Company's Name

CLUB SALUD LLC

2. Principal Office Address

2546 EAGLE RUN DR

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

USA

3. Mailing Office Address

2546 EAGLE RUN DR

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

3/21/03

6. FEI Number

30-0164313

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

CARLOS RODRIGUEZ

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

2546 EAGLE RUN DR

Suite, Apt. #, Etc.

City

WESTON

State  
FL

Zip Code

33327

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
MGRM	ASINCRO C.A.	2546 EAGLE RUN DR	WESTON, FL 33327

000092815020  
12/29/08--01018--019 \*\*255.00

REINSTATEMENT  
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

Date

12/29/06

Daytime Phone #

7862771415

Typed or printed name of signing Managing Member/Manager

CARLOS RODRIGUEZ

PRESIDENT - CFO