

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000017261

1. Limited Liability Company's Name

New Wave Health Products, LLC

2. Principal Office Address - No P.O. Box #

2221 Gulf Blvd.

Suite, Apt. #, etc.

City & State

Belleair Beach, FL

Zip

33786

Country

3. Mailing Office Address

2221 Gulf Blvd.

Suite, Apt. #, etc.

City & State

Belleair Beach, FL

Zip

33786

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/04/2004

6. FEI Number

20-0811260

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

Herbert R. Donica, Esq.

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

106 S. Tampa Ave.

Suite, Apt. #, Etc.

#250

City

Tampa

State

FL

Zip Code

33609

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Herbert R. Donica

REGISTERED AGENT MUST SIGN

Date **8/28/2007**

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	Paul G. Bhasin	2221 Gulf Blvd.	Belleair Beach, FL 33786
			600109295236 09/11/07--01018--017 **255.00

REINSTATEMENT 05-07

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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

Paul G. Bhasin

Date

8/28/2007

Daytime Phone #

727-644-4409

Typed or printed name of signing Managing Member/Manager

Paul G. Bhasin