

From:

05/01/2008 14:17

#066 P.004/005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAY 15 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000034121

1. Limited Liability Company's Name

FRIENDS OF MENOPAUSE PHILADELPHIA, LLC

CR2ED41 (12/07)

2. Principal Office Address - No P.O. Box # 10400 GRIFFIN ROAD		3. Mailing Office Address	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc.	
City & State COOPER CITY, FL		City & State	
Zip 33328	Country USA	Zip	Country

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 05/04/2004	
6. FEI Number 42-1628424	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name VICKI LAHULLIER			
Street Address (P.O. Box Number is Not Acceptable) 10400 GRIFFIN ROAD			
Suite, Apt. #, Etc. 103			
City COOPER CITY, FL	State FL	Zip Code 33328	

☒ 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

Vicki Lahullier

REGISTERED AGENT MUST SIGN

Date 05/01/2008

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	G FOUR PRODUCTIONS, INC	10400 GRIFFIN ROAD, #103	COOPER CITY, FL 33328

REINSTATEMENT

05-08

11. I certify that I am managing member/manager of 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

Alan Glis

Date 05/01/2008

Daytime Phone # 954-680-3000

Typed or printed name of signing Managing Member/Manager

ALAN GLIST