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L04000082864

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000082864

1. Limited Liability Company's Name
Integrative Touch & Bodywork LLC

2. Principal Office Address	3. Mailing Office Address
5030 S. Hwy 17-92	5030 S. Hwy 17-92
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry, Florida	City & State: Casselberry, Florida
Zip: 32707 Country: United States	Zip: 32707 Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/15/2004

6. FEI Number: 37-1498882 ☐ 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: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Blvd

Suite, Apt. #, Etc.: Suite 101

City: Tallahassee State: FL Zip Code: 32301-2960

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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: M. Scott — Date: January 4, 2007
REGISTERED AGENT MUST SIGN

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
Managing Manager	Tedy Narvaez	3461 S. St. Lucie Dr.	Casselberry, Florida 32707-5509
Managing Manager	Jonah Salomon	620 Bayou Dr.	Casselberry, Florida 32707

2 1/4 REINSTATEMENT 06-07

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: Tedy Narvaez — Date: 1 Jan 07 — Daytime Phone #: 407.595.8436

Typed or printed name of signing Managing Member/Manager: Tedy Narvaez, Managing Manager

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TOTAL P.02

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

INTEGRATIVE TOUCH & BODYWORK LLC

Certificate of Status	0
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