

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000001837

**Entity Name:** THE HEALING VINE, LLC

**FILED  
Jan 02, 2008  
Secretary of State**

**Current Principal Place of Business:**

813 HASTINGS DRIVE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

300 N. JOHN YOUNG PKWY  
KISSIMMEE, FL 34741

**Current Mailing Address:**

813 HASTINGS DRIVE  
KISSIMMEE, FL 34744

**New Mailing Address:**

300 N. JOHN YOUNG PKWY  
KISSIMMEE, FL 34741

FEI Number: 16-1713892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DENNIS WOOD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FERNANDEZ, JOSE R  
Address: 813 HASTINGS DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FERNANDEZ, JOSE R  
Address: 300 N. JOHN YOUNG PKWY  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NELLY RUIZ

OM

01/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date