


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:25

DOCUMENT # L05000054040					
1. Entity Name WELLNESS FOREVER, LLC					
Principal Place of Business P.O. BOX 1727 WINDERMERE, FL 34786			Mailing Address P.O. BOX 1727 WINDERMERE, FL 34786		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10192006 REIN-LLC CR2E101 (11/05)	
4. FEI Number 20-2985089				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316			Name: <u>Norma L. Waite MD</u> Street Address (P.O. Box Number is Not Acceptable): <u>P.O. Box 1727</u> City: <u>Windermere</u> FL Zip Code: <u>34786</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Norma L. Waite MD</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAITE, NORMA L 1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			07/19/06 90092 038 \$50.00		
SIGNATURE: <u>Norma L. Waite MD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: _____ Daytime Phone #: _____					