PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
09 FEB -3 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000084153

1. Limited Liability Company's Name

Natural Vibes LLC

2. Principal Office Address	3. Mailing Office Address
4907 4th Ave. Circle NW	4907 4th Ave. Circle NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34209 Country: USA	Zip: 34209 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 8/24/2005

6. FEI Number: 26-3639142 ☐ 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

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: Brenda M Moriarty Asst. Secretary for Business Filings Incorporated (REGISTERED AGENT MUST SIGN) Date: 1/12/09

CR2E041 (9/01)

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 Member	Teresa Cicero	4907 4th Ave. Circle NW	Sarasota, FL, 34231
Managing Member	Cheryl Cook	1644 Redwood St. Apt A	Bradenton, FL 34209
	REINSTATEMENT	000142710350 02/03/09--01013--005 **516.25	
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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: Teresa Cicero Date: 11/20 08 Daytime Phone #: 941-447-5343

Typed or printed name of signing Managing Member/Manager: Teresa Cicero