

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | |
|--|---------------------------------------|--|--|--|--|
| DOCUMENT # L05000104798 1. Entity Name INNERLIFE ENTERPRISES, LLC | | | | | |
| Principal Place of Business 901 BRICKELL KEY BOULEVARD UNIT 3204 MIAMI, FL 33131 | | | Mailing Address 901 BRICKELL KEY BOULEVARD UNIT 3204 MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite Apt # etc | | Suite Apt # etc | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ROCCA, GIADA 999 BRICKELL AVENUE, STE 700 MIAMI, FL 33131 | | | | Name Miguel G. Farra, Esq. Street Address (P.O. Box Number is Not Acceptable) c/o MBAF, LLP 1001 Brickell Bay Drive, 9th Fl. City Miami FL Zip Code 33131 | |
| 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 DATE 9/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$277.50 | | In accordance with s. 607.193(2)(b) F.S., the limited liability company did not receive the prior notice | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VEGA ARTURO | | NAME | | |
| STREET ADDRESS | C/TRANSVERSAL 1 #5 POZUELO DE ALARCON | | STREET ADDRESS | | |
| CITY-ST-ZIP | MADRID - SPAIN. M 28223 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE: | | | REINSTATEMENT 2007-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | |
| <small>Date</small> | | | <small>Daytime Phone #</small> | | |

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 OCT -3 PM 4:00
FILED



09092008 REIN-LLC CR2E101 (1/07)

4. FEI Number **11-3774966** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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09/25/08--01044--011 **277.50