

From:

05/01/2008 14:17


#065 P.006/005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAY 15 PM 1:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000107869			
1. Limited Liability Company's Name FRIENDS OF MENOPAUSE TORONTO, LLC			
2. Principal Office Address - No P.O. Box # 10400 GRIFFIN ROAD Suite, Apt. #, etc. 103 City & State COOPER CITY, FL Zip 33328 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation FL/USA		5. Date Organized or Qualified To Do Business in Florida 11/04/2005	
6. FBI Number 20-3774847		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name VICKI LAHULLIER Street Address (P.O. Box Number is Not Acceptable) 10400 GRIFFIN ROAD Suite, Apt. #, Etc. 103 City COOPER CITY, FL State FL Zip Code 33328		<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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 <i>Vicki Lahullier</i> Date 05/01/2008 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	G FOUR PRODUCTIONS, INC	10400 GRIFFIN ROAD, #103	COOPER CITY, FL 33328
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 <i>Alan Glist</i> Date 05/01/2008 Daytime Phone # 954-680-3000 Typed or printed name of signing Managing Member/Manager ALAN GLIST			

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REINSTATEMENT

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