

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 17, 2006 8:00 A.M.
Secretary of State

| DOCUMENT # L05000113391 1. Entity Name LIFE SOLUTIONS, LLC. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------|--|---|------------------------------|--|-----------------------|--|--|---------------------------------|---|---|--|---------------------------------|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|
| Principal Place of Business 5580 WEST 26 CT APT 211 HIALEAH, FL 33016 | | Mailing Address 5580 WEST 26 CT APT 211 HIALEAH, FL 33016 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1000 PARKVIEW DR Suite, Apt. #, etc. #404 City & State Hallandale Zip 33009 Country USA | | 3. Mailing Address 1000 Parkview Dr Suite, Apt. #, etc. #404 City & State Hallandale FL Zip 33009 Country USA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number | | 11162006 REIN-LLC CR2E101 (11/05) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ROMAY, CLAUDIA 5680 WEST 20 CT APT 244 HIALEAH, FL 33046 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 Parkview Dr #404 City Hallandale FL Zip Code 33009 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width:50%; padding: 5px;"> TITLE Pres NAME Claudia Romay STREET ADDRESS 1000 Parkview Dr #404 CITY-ST-ZIP Hallandale, FL 33009 </td> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="width:50%; padding: 5px;"> TITLE 000081955390 NAME 11/20/06--01049--006 **150.00 STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </tbody> </table> | | | | 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | | TITLE Pres NAME Claudia Romay STREET ADDRESS 1000 Parkview Dr #404 CITY-ST-ZIP Hallandale, FL 33009 | <input type="checkbox"/> Delete | TITLE 000081955390 NAME 11/20/06--01049--006 **150.00 STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>Date</small> | | <small>Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |