

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 14 PM 4:10

**DOCUMENT # L05000121121**

1. Limited Liability Company's Name

**DELIGHT OF LIFE LLC**

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

**4967 FOXHAL RD**

Suite, Apt. #, etc.

City & State

**NORTH PORT, FL**

Zip

**34288**

Country

**USA**

3. Mailing Office Address

**4967 FOXHAL RD**

Suite, Apt. #, etc.

City & State

**NORTH PORT, FL**

Zip

**34288**

Country

**USA**

4. State/Country of Formation

**FLORIDA USA**

5. Date Organized or Qualified  
To Do Business in Florida

**12/16/2006**

6. FEI Number  
**NONE**

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

**TABAKOV IHOR**

Street Address (P.O. Box Number is Not Acceptable)

**4967 FOXHAL RD**

Suite, Apt. #, Etc.

City

**NORTH PORT**

State

**FL**

Zip Code

**34288**

☒ 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

REGISTERED AGENT MUST SIGN

Date **04/08/08**

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
MGRM	TABAKOV LEONID	4945 ALSEIR RD	NORTH PORT, FL 34288
MGRM	TABAKOV VITALIY	4967 FOXHAL RD	NORTH PORT, FL 34288

**REINSTATEMENT**

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04/14/08--01050--015 \*\*416.25

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

Date **04/08/08**

Daytime Phone # **941 421 9753**

Typed or printed name of signing Managing Member/Manager

**TABAKOV LEONID**

**TABAKOV VITALIY**