

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -2 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000006435

1. Limited Liability Company's Name

ACTIVE LIFESTYLES CHIROPRACTIC LLC

CR2E041 (12/07)

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

1715 37th PLACE

Suite, Apt. #, etc.

THIRD FLOOR

City & State

VERO BEACH, FLORIDA

Zip

32960

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA / INDIAN RIVER COUNTY

5. Date Organized or Qualified
To Do Business in Florida

JAN. 09, 2006

6. FEI Number

20-4175431

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

GIORGIO RES

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

1715 37th PLACE

Suite, Apt. #, Etc.

THIRD FL

City

VERO BEACH

State

FL

Zip Code

32960

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 06-09-08

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
<u>MR</u>	<u>GIORGIO RES</u>	<u>1715 37th PLACE</u>	<u>VERO BEACH FL 32960</u>
			<u>400132206334</u>
			<u>07/03/08--01007--021 **277.50</u>

REINSTATEMENT 07-08 GA

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

[Signature]

Date 06-09-08

Daytime Phone # 772-978-7377

Typed or printed name of signing Managing Member/Manager

GIORGIO RES