

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG -4 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD6000016475

1. Limited Liability Company's Name

oriental therapy center LLC

700183903547
08/02/10--01054--003 **377.50
CR2E041 (05/10)

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

8771 Stirling Road

Suite, Apt. #, etc.

3. Mailing Office Address

804 hampton CT

Suite, Apt. #, etc.

City & State

Cooper City, Florida

City & State

Weston, Florida

Zip

33328

Country

US

Zip

33326

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

2/14/06

6. FEI Number

20-4374335

☐ 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

Yan hui C. Singer

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

804 hampton CT

Suite, Apt. #, Etc.

City

Weston, Florida

State

FL

Zip Code

33326

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

Yan hui Cai Singer

Date

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
mgm	Yi Lin	804 hampton CT	Weston, Florida, 33326

REINSTATEMENT 09, 10

11. E-mail Address: yanhuicai@yahoo.com

(To be used for future annual report notifications)

12. 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

Yan hui Cai Singer

Date July 30, 2010

Daytime Phone #

9542491316

Typed or printed name of signing Managing Member/Manager