

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 31 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000034881

1. Limited Liability Company's Name

ZOE-Life Entertainment, LLC

200148111762
03/31/09---000041-0000 **416.25

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

994 S.W. 81st Ave
Suite, Apt. #, etc.

3. Mailing Office Address

994 S.W. 81st Ave
Suite, Apt. #, etc.

City & State

North Lauderdale, FL

Zip

33068

Country

United States

City & State

North Lauderdale, FL

Zip

33068

Country

United States

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

300390260

☐ 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

Standley Joseph

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

2358 Hadley Crossing

Suite, Apt. #, Etc.

Tallahassee,

City

Tallahassee

State

FL

Zip Code

32309

☒ 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

Standley Joseph
REGISTERED AGENT MUST SIGN

Date 03/31/09

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
CEO	Standley Joseph	2358 Hadley Crossing	Tallahassee, FL, 32309
Pres	Michelo St. Elai	110130th ct	Pompano Bch, FL, 33064

REINSTATEMENT 0709

DB

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

Standley Joseph

Date 03/31/09

Daytime Phone# 954) 821-2811

Typed or printed name of signing Managing Member/Manager