

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -9 PM 1:05

DOCUMENT # **L060000 46823**

1. Limited Liability Company's Name

EQUIPOISE LIVING LLC

400170577594
02/25/10--01042--005 **277.50
CR2E041 (11/09)

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

324 Surfside Blvd

Suite, Apt. #, etc.

#11

City & State

Surfside FL

Zip Country

33154 USA

3. Mailing Office Address

PO Box 190105

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip Country

33119 USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

6/21/2006

6. FEI Number

43 2103290

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

Paulette R Perry

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

324 Surfside Blvd #11

Suite, Apt. #, Etc.

Apt #11

City

Surfside

State

FL

Zip Code

33154

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

Paulette R Perry

REGISTERED AGENT MUST SIGN

Date

2/23/2010

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	Paulette R Perry	324 Surfside Blvd #11	Surfside, FL 33154

400170577594
03/10/10--01012--022 **277.50

11. E-mail Address:

rene@equiposeliving.com

(To be used for future approval 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

Paulette R Perry

Date

2/23/2010

Daytime Phone #

305 879 5599

Typed or printed name of signing Managing Member/Manager

PAULETTE R PERRY

REINSTATEMENT 2007-2010

T. Hampton MAR 10 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAR -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 8, 2010

EQUIPOISE LIVING LLC
P O BOX 190105
MIAMI BEACH, FL 33119

SUBJECT: EQUIPOISE LIVING LLC
Ref. Number: L06000040823

We have received your document for EQUIPOISE LIVING LLC and check(s) totaling \$277.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$277.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 110A00005603