


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000064952		
1. Entity Name REJUVE YOUR HEALTH, LLC		

FILED

07 DEC 28 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3914 75TH STREET WEST BOX 311 BRADENTON, FL 34209	Mailing Address 3914 75TH STREET WEST BOX 311 BRADENTON, FL 34209
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2. Principal Place of Business - No P.O. Box # 650 CENTRAL AVE Suite, Apt. #, etc. APT D	3. Mailing Address PO BOX 272 Suite, Apt. #, etc.
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11282007 REIN-LLC CR2E101 (1/07)

City & State SARASOTA FL.	City & State Weston Vermont
Zip 34236	Country USA
Zip 05161	Country

4. FEI Number 20-5110420	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, SUSAN 3914 75TH STREET WEST BOX 311 BRADENTON, FL 34209
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7. Name and Address of New Registered Agent Name JOHNSON, SUSAN Street Address (P.O. Box Number is Not Acceptable) 650 CENTRAL AVE APT D. City SARASOTA FL Zip Code 34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Susan M Johnson DATE: 12/12/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, SUSAN 3914 75TH STREET WEST BOX 311 BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. JOHNSON, SUSAN 650 CENTRAL AVE., APT. D SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURLBURT, DANIEL 3914 75TH STREET WEST BOX 311 BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURLBURT DANIEL 650 CENTRAL AVE, APT D SARASOTA, FL. 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800113558338 01/02/08--01039--010 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT
2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Susan M Johnson DATE: 12/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #