

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



# FILED

13 FEB 13 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 1-06000082819

ENJOY LIFE LLC

1533-2 SOUTH MONROE ST

P.O. BOX 5521

TALL, FL

TALL, FL

32301

USA

32314

USA

FLORIDA

08/22/2006

20-5418812

Not Applicable
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**\$5.00 Additional Fee required  
for a Certificate of Status**

NICOLE MOLTI MORE

1533-2 SOUTH MONROE STREET

City TALLAHASSEE

State  
**FL**

Zip Code  
2301

Signature of Registered Agent Nameth

Date 2/13/2013

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
MEM	NICOLE MONTMORE	1533-25. MONROE ST	TALL, FL 32301
	REINSTATEMENT		
			12/14

11. E-mail Address: ENTONLIFE REHAB @ GMAIL. COM

(To be used for future annual report notifications)

12. I certify that I am a 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of  
Managing Member/Manager *Hamid Khan*

Date 2/13/13

Daytime Phone # 8504438111

Typed or printed name of signing Managing Member/Manager NICOLE MOLTISORE