## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABII COMPANY REINSTATEME		\$	DEPART Secretary sion of co	of Sta			13 FEB 13	PM 3: 18
DOCUMENT # レダレグタのひ 82 819 1. Limited Liability Company's Name							FALLAHASS	Y DE STATE FE FLORIOA
ENJOY LIFE LLC							CR2E041 (11	(40)
			Office Address			01/22041 (11/10)		
1533-2 50V Suite, Apt. #, etc.	P.O. BOX 5521 Suite, Apt. #, etc.			4. State/Country of Formation FUOLIDA				
Gallo, Apr. 4, Olo.	Suite, Apr. #, 610.			5. Date Organized or Qualified To Do Business in Florida DO 22 2006				
City & State	City & State			6. FEI Number Applied For				
Zip Country		Zip Countr		trv	20-5418812 Not Applicable			
32301	USA	32311	1	us		7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent								
NICOLE MOLTIMORE								
Street Address (P.O. Box Number is Not Acceptable) 1533-2 SOUTH MON ROE STREET					900244703969 02/14/1301001003 **377.50			
Suite, Apt. #, Etc.								
City TALLAHASSEE				State FL	Zip Code 32301			
9. I, being appointed the re	egistered agent of the abov	e named limiter	d liability con	прапу, аг	n familiar with and i	accept the obligat	ions of Chapter 608, F.S.	
Signature of Registered Agent Mameum REGISTERED AGENT MUST SIGN						Date 2/13)2013		
10. Names and Street Ad	Idresses of Managing Mem	bers/Managers				····	***	
Titles Ma	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager				City / State / Zip	
GRM NICAL MOUTHORE			1533-25. MONFOE OT			91	TALL, FL	32301
RI	EINSTA	CEM	EN					
							Telt	
						<u>,                                      </u>		
11, E-mail Address: ENTO LIFE RETURB & GMALL, COM (To be used for future annual report notifications)								
all fees owed by the lin	t application the reason for nited liability company have I am aware that false infor	dissolution has been paid. The nation submitte	r trustee em been elimina information	powered ated, the indicate	to execute this app limited liability com d on this application e Department of St	ilication as provid- pany name satisfi n is true and accur ate constitutes a t	es the requirements of sec rate, and my signature sha	tion 608.406, F.S., and that If have the same legal effect ided for in s.817.155, F.S.
Typed or printed name of signing Managing Member/Manager NICOLE MOLTIMURE								