## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

## LIMITED LIABILITY COMPANY REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L06000082819

1. Limited Liability Company's Name

Enjoy Life, LLC				ciu ciu	Maranana		····
				08/0	002886; 2/1601013	aabu -009 **	546.25
2. Principal Office Address - No P.O. Box#	3. Mailing Office Addres	fice Address		┪	CR2E041 (1/1	4)	
1250 Blountstown Hwy	515 Lyndale Stree	ndale Street		4. State/Count	try of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Florida	<u> </u>		
Suite E					ized or Qualified less in Florida 08/2	2/2006	
City & State	City & State						<u> </u>
Tallahassee, FL	Tallahassee, FL			6. FEI Number Applied For 20-5418812 Not Applicable			
Zip Country	Zıp	Cox	untry			.00 Additional	
32304 USA	32301	US	SA	CERTIFICATE OF	STATUS DESIRED ( \$5	.00 Additional a certificate	of status
	ss of Current Registered Ag	ent		]		<u>න</u>	ECR
Name Nicole Moltimore						AUG -	E IA
Street Address (P.O. Box Number is Not Acceptable) Suite. 1250 Blountstown Hwy						-2	SSE PLE
Apt. #, Etc.				-		3	무무대
Suite E						••	FLO
<sup>City</sup> Tallahassee			Zip Code 32304			0	ORID/ TATE
9. I, being appointed the registered agent of the	above named limited liability cor	npany, a	am familiar with and a	ccept the obligations	s of Chapter 605, F.S.		
						4 0040	
Registered Agent // Com co	REGISTERED AGENT MUST SIG	GN		<del></del>	Date August	1, 2016	
10. Names and Street Addresses of Authorized Rep	-						
Titles Name of Authorized Representativ		Street Address of Each Authorized Representativ			Crty / State / Zip		
Managers	<u>,</u>	Manager					
MGRM Nicole Moltimor	re 12	1250 Blountstown Hwy Suit			te E Tallahassee, FL 32304		
						•	
				<u> </u>			- <del>-</del>
				AUG 0 2 2016			
		S. YOUNG					
11. E-mail Address enjoyliferehab@gm	ail.com			<del></del>	1	•	
12   certify that   am as sutherized recreases:			re annual report notifica			005 50	46.5
12. I certify that I am an authorized representative certify that when filing this reinstatement applicated 605.0012, F.S., and that all fees owed by the limit shall have the same legal effect as if made under felony as provided for in s. 817.155, F.S.	ion the reason for dissolution t ted liability company have bee roath. I am aware that false in	nas bee en paid, formatio	n eliminated, the limi The information indi- on submitted in a doc	ited liability compar cated on this applic	ny name satisfies the rec ation is true and accura	quirement of se ite, and my sign	ection nature
Signature of authorized representative/member _	Kimecky			ust 1, 2016	aytime Phone #850.	443.877	1
Typed or printed name of signing authorized repr					•		_