

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000104946</b> 1. Entity Name <b>Y-AGE CLINIC, LLC</b>				 <div style="position: absolute; top: 0; right: 0; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="position: absolute; bottom: 0; right: 0; text-align: right;">NOV -6 PM 1:21</div>	
Principal Place of Business <b>4320 GANDY BLVD. TAMPA, FL 33611</b>		Mailing Address <b>4320 GANDY BLVD. TAMPA, FL 33611</b>		SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10262007 REIN-LLC CR2E101 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>20-5942081</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SMOAK, WILLIAM G</b> <b>1000 N. ASHLEY DRIVE</b> <b>SUITE 500</b> <b>TAMPA, FL FL</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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		<b>WILLIAM G. SMOAK</b> <small>(Not a Registered Agent signature required when reinstating)</small>		<b>10/26/07</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>NIXON, TRINT A</b> <b>4320 GANDY BLVD</b> <b>TAMPA, FL 33611</b>	<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	<b>MGRM</b> <b>BRUCE, JASON D</b> <b>4320 GANDY BLVD.</b> <b>TAMPA, FL 33611</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-weight: bold;">700111560427</div> <div style="text-align: center;">11/01/07--01004--009 ***100.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GUSTAFSON, CHARLES H</b> <b>152 ALDREN AVE</b> <b>JAMESTOWN, NY 14701</b>	<input checked="" 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	
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	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>REINSTATEMENT</b>  <b>2007</b> </div> <div style="width: 50%;"> <b>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.</b> </div> </div>					
SIGNATURE:		<b>TRINT NIXON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>10-26-07</b> <small>Date</small>	
				<b>813-936-4201</b> <small>Daytime Phone #</small>	