

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000013018

Entity Name: REVITALIZE LIFE LLC

**FILED**  
**Dec 09, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2011 TUSKAWILLA RD  
OVIEDO, FL 32765

**New Principal Place of Business:**

972 N RONALD REAGAN BL  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 196635  
WINTER SPRINGS, FL 32719

**New Mailing Address:**

972 N RONALD REAGAN BL  
LONGWOOD, FL 32750

FEI Number: 26-2826572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRONSTEIN, LEW  
2011 TUSKAWILLA RD  
OVIEDO, FL 32765      US

**Name and Address of New Registered Agent:**

BRONSTEIN, LEW  
972 N ROANLD REAGAN BL  
LONGWOOD, FL 32750      US

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.

SIGNATURE: LB

12/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BRONSTEIN, LEW  
Address: 2011 TUSKAWILLA RD  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BRONSTEIN, LEW  
Address: 972 N RONALD REAGAN BL  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LB

MGRM

12/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date