

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000068851 UC

1. Limited Liability Company's Name

Empowering Lives + Families,

W10-22303

2. Principal Office Address - No P.O. Box #

15303 84th Ave. N

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Zip

33418

Country

Palm Beach

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/2/07

6. FEI Number

01-0903215

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NRAI Services, Inc

Street Address (P.O. Box Number is Not Acceptable)

Suite 4 2731 Executive Park Dr.

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Matt Thompson

Date 5/20/10

REGISTERED AGENT MUST SIGN

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
<u>Mgr</u>	<u>Troi Stoessel</u>	<u>15303 84th Ave. N</u> <u>Palm Beach Gardens, FL 33418</u>	<u>Palm Beach Gardens</u> <u>FL, 33418</u>
	<u>L. SELLERS</u>		
	<u>MAY 27 2010</u>		
	<u>EXAMINER</u>	<u>REINSTATEMENT</u>	<u>08-</u> <u>2010</u>

11. E-mail Address: T.M-stoessel@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am 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.

Signature of
Managing Member/Manager

[Signature]

Date

4/28/10

Daytime Phone #

561 6308001

Typed or printed name of signing Managing Member/Manager