

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000096954

1. Limited Liability Company's Name
RECOVERY NATION LLCFILED
09 FEB 12 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

REINSTATEMENT 2008-2009 08

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1990 NE 163RD ST, Suite 104 Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
NORTH MIAMI BEACH, FL			
Zip	Country	Zip	Country
33162			

4. State/Country of Formation		FLORIDA, USA
5. Date Organized or Qualified To Do Business in Florida		9/24/2007
6. FEI Number	Applied For	
26-1113070	Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent			
Name			
GLENN GRONLUND			
Street Address (P.O. Box Number is Not Acceptable)			
10101 W BAY HARBOUR DRIVE			
Suite, Apt. #, Etc.			
City	State	Zip Code	
BAY HARBOUR	FL	33154	

☒ 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.

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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

Date 2/3/2009

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
MGR	GLENN GRONLUND	1025 NE 203RD LANE	NORTH MIAMI, FL 33179
MGRM	NICK CUNEO	4000 ISLAND BLVD	AVENTURA, FL 33160
MGR	JOHN PUENTE	318 INDIAN TRACE # 509	WESTON, FL 33326
MGR	DALE HENSON	22365 EL TORO ROAD # 238	LAKE FOREST, CA 92630
MGR	JOHN TOMLINSON	22365 EL TORO ROAD # 238	LAKE FOREST, CA 92630

11. 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

Date 2/3/2009

Daytime Phone # (609) 369-4180

Typed or printed name of signing Managing Member/Manager GLENN GRONLUND