

1 of 2 pages
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AND
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

14 NOV 17 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000070425

1. Limited Liability Company's Name.

HORMONE WIZARD, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1702 Snapper Lane,

Suite, Apt. #, etc.

Unit A

City & State

Unit A Carolina Beach NC

Zip

28428

Country

USA

3. Mailing Office Address

1702 Snapper Lane,

Suite, Apt. #, etc.

Unit A

City & State

Unit A Same

Zip

28428

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/22/2004

6. FEI Number

26-3037845

☐ 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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

600266595856

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Courtney Williams

REGISTERED AGENT Ass't Vice President

Date

11.17.14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Kimberly Lucey	1702 Snapper Lane, Unit A	Carolina Beach, NC 28428

11. E-mail Address: Kim.lucey@outlook.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

11/12/14

Daytime Phone #

678.491-6868

Typed or printed name of signing Authorized Representative/Manager

Kimberly Lucey, Member



CORPORATION SERVICE COMPANY

2 of 2 pages
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14 NOV 17 AM 11:35

ACCOUNT NO. : I20000000195

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REFERENCE : 376534 7660842

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : November 13, 2014

ORDER TIME : 9:43 AM

ORDER NO. : 376534-005

CUSTOMER NO: 7660842

DOMESTIC FILINGS

NAME: HORMONE WIZARD, LLC

TO A COMMISSIONER
SUFFICIENCY OF FILING

2014 NOV 17 AM 10 51

RECEIVED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____