

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000084302

**FILED**  
**May 02, 2012**  
**Secretary of State**

**Entity Name:** ACTIVA LIFE COACHING, LLC

**Current Principal Place of Business:**

1217 OBISPO AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

**Current Mailing Address:**

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

**FEI Number:** 26-3329343      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PATRICK, MOYAL  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

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

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: PATRICK MOYAL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MC LEAN, DANIELA  
**Address:** 1 QUAI RENNEQUIN SUALEM  
**City-St-Zip:** BOUGIVAL, FR 78380 FR

I hereby 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: DANIELA MCLEAN

MGRM

05/02/2012

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