PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 JAN 20 AM 11:33

DOCUMENT # L09000040976

1. Limited Liability Company's Name
ONE Health LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1430 S. Dixie Highway		1430 S. Dixie Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 110		Suite 110	
City & State		City & State	
Coral Gables, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33146	USA	33146	USA

CR2E041 (1/14)

4. State/Country of Formation FL/USA

5. Date Organized or Qualified To Do Business in Florida 04/28/2009

6. FEI Number NONE. ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

900279623169
01/20/16--01028--024 **516.75

900279623169
12/01/15--01010--019 **100.00

8. Name and Address of Current Registered Agent

Name: Daniel de la Vega

Street Address (P.O. Box Number is Not Acceptable) Suite,
1430 S. Dixie Highway

Apt. #, Etc.
Suite 110

City: Coral Gables | State: FL | Zip Code: 33146

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 _____ Date 11/17/15

REGISTERED AGENT MUST SIGN

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
Manager	Daniel de la Vega	1430 S. Dixie Highway, Suite 110	Coral Gables, FL 33146

11. E-mail Address: _____
(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 11/17/15 Daytime Phone # 786.280.4378

Typed or printed name of signing authorized representative/member Daniel de la Vega