PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 DEC 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILED

DOCUMENT # L09000083913

1. Limited Liability Company's Name
SYA of Vero Beach, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
956 Surf Lane	956 Surf Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach	City & State: Vero Beach
Zip: 32963 Country: United States	Zip: 32963 Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/31/2009

6. FEI Number: 273164187 ☐ 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: Samuel A. Block

Street Address (P.O. Box Number is Not Acceptable): 1555 Indian River Blvd

Suite, Apt. #, Etc.:

City: Vero Beach State: FL Zip Code: 32960

E-mail Address: sgreene@blocklaw.org
(To be used for future annual report notices)

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 Samuel A. Block Date 12/10/13
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
MGRM	Yane Zana	956 Surf Lane	Vero Beach, Fl 32963

400254673474
12/12/13--01038--022 **516.25

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. 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 Managing Member/Manager Date 12/10/13 Daytime Phone # (772) 5323413

Typed or printed name of signing Managing Member/Manager