

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 DEC 30 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09000111289

1. Limited Liability Company's Name

HEALTH LIFE NETWORK, LLC.

900189132949  
12/30/10--01041--003 \*\*238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 10812 GANDY BLVD NORTH		3. Mailing Office Address 10812 GANDY BLVD NORTH	
Suite, Apt. #, etc. 250		Suite, Apt. #, etc. 250	
City & State SAINT PETERSBURG, FL		City & State SAINT PETERSBURG, FL	
Zip 33702	Country US	Zip 33702	Country US

4. State/Country of Formation FLORIDA / US	
5. Date Organized or Qualified To Do Business in Florida 11/19/2009	
6. FEI Number 27-1525950	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 Samuel J. Wax			
Street Address (P.O. Box Number is Not Acceptable) 5102 Evelyn Drive W			
Suite, Apt. #, Etc.			
City Tampa		State FL	Zip Code 33609

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

REGISTERED AGENT MUST SIGN

Date 12/27/2010

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	SAMUEL J WAX	5102 EVELYN DRIVE W	TAMPA, FL 33609

REINSTATEMENT 2010

JB

11. E-mail Address: samwax@healthlifenet.com

(To be used for future annual report notifications)

12. 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 12/27/2010

Daytime Phone # 813-505-7830

Typed or printed name of signing Managing Member/Manager SAMUEL J. WAX