PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 DEC -6 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0000062395

1. Limited Liability Company's Name

Life Paths of Florida

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
260 Cherry Drive	260 Cherry Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Satellite Beach FL	City & State: Satellite Beach FL
Zip: 32937 Country: Brevard	Zip: 32937 Country: Brevard

4. State/Country of Formation: Florida/United States

5. Date Organized or Qualified To Do Business in Florida: 06/09/2010

6. FEI Number: 27-2827587 ☐ 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: Joye Heal

Street Address (P.O. Box Number is Not Acceptable): 260 Cherry Drive

Suite, Apt. #, Etc.:

City: Satellite Beach State: FL Zip Code: 32937

E-mail Address:
600214918446
12/06/11--01016--009 **238.75
lifepaths@ymail.com
(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: [signature] Date: 11-29-11
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
MMGR	Joye Heal	260 Cherry Drive	Satellite Beach FL 32937
MMGR	David Johnson	260 Cherry Drive	Satellite Beach FL 32937

REINSTATEMENT
11-29-11

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: [signature] Date: 11/26/2011 Daytime Phone #: 321-246-4305

Typed or printed name of signing Managing Member/Manager: Joye Heal