

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000096918

**Entity Name:** FUNCTIONAL LIFESTYLES, LLC

**FILED**  
**Nov 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1630 VILLAGE CENTER DRIVE, #303  
LAKELAND, FL 33803

**New Principal Place of Business:**

502 EAST MAIN STREET  
LAKELAND, FL 33801

**Current Mailing Address:**

1630 VILLAGE CENTER DRIVE, #303  
LAKELAND, FL 33803

**New Mailing Address:**

502 EAST MAIN STREET  
LAKELAND, FL 33801

**FEI Number:** 27-4037937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WENDEL, JOHN F  
336 WEST HIGHLAND DRIVE, SUITE 4  
LAKELAND, FL 33813 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: JOHN WENDEL

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS.  
Name: CARPENTER, ELIZABETH T  
Address: 502 EAST MAIN STREET  
City-St-Zip: LAKELAND, FL 33801

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: ELIZABETH CARPENTER

MS.

11/18/2011

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