

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000100139

1. Limited Liability Company's Name
Eternity Health LLC

2. Principal Office Address - No P.O. Box #

853 SW 2nd Street

Suite, Apt #, etc.

202

City & State

Miami, FL

Zip

33130

Country

US

3. Mailing Office Address

Same

Suite, Apt #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Claucous Alfaro

Street Address (P.O. Box Number is Not Acceptable) Suite.

853 SW 2nd Street

Apt. #, Etc.

202

City

Miami

State

FL

Zip Code

33130

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

REGISTERED AGENT MUST SIGN

09/16/15

Date

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
MGR	Claucous Alfaro	853 SW 2nd Street #202	Miami, FL 33130
MGRM	Soledad Gallo	853 SW 2nd Street #202	Miami, FL 33130

11. E-mail Address: info@eternityhealthmd.com

(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

Claucous Alfaro

09/16/15

Date

786-350-1565

Daytime Phone #

FILED

15 SEP 24 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation
US

5. Date Organized or Qualified
To Do Business in Florida 09/24/2010

6. FEI Number
27-3547250

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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