

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000124581

**FILED**  
**Oct 12, 2011**  
**Secretary of State**

**Entity Name:** THE HEALTHIER WAY INSTITUTE, LLC

**Current Principal Place of Business:**

14000 MILITARY TRAIL  
#210  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

14000 S MILITARY TRAIL  
#210  
DELRAY BEACH, FL 33484 US

**Current Mailing Address:**

14000 MILITARY TRAIL  
#210  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

14000 S MILITARY TRAIL  
#210  
DELRAY BEACH, FL 33484 US

**FEI Number:** 27-4182227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALSHON, JOSEPH J  
1177 SW 21 ST.  
BOCA RATON, FL 33486 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: JOSEPH J ALSHON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALSHON, JOSEPH J  
Address: 1177 SW 21 ST.  
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM  
Name: ALSHON, NINA L  
Address: 14000 S MILITARY TRAIL, #210  
City-St-Zip: DELRAY BEACH, FL 33484 US

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: JOSEPH J ALSHON

MGRM

10/12/2011

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