

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUL -8 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000094045

1. Limited Liability Company's Name
BoardVitals LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 137 Varick Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New York, New York		City & State	
Zip 10013	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 08/16/2011	
6. FEI Number 45-2544791	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
Andrea Paul

Street Address (P.O. Box Number is Not Acceptable) Suite,
5400 NW 39th Ave

Apt. #, Etc.
G41

City
Gainesville

State
FL

Zip Code
32606

REINSTATEMENT 2014-2015
400274864364

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 Andrea Paul Date 7-8-15

REGISTERED AGENT MUST SIGN

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	Andrea Paul	271 West 47th Street, #48H	New York, NY 10036
MGR	Daniel Lambert	271 West 47th Street, #48H	New York, NY 10036

JUL - 9 2015
L. SELLER

11. E-mail Address: andrea@boardvitals.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 Andrea Paul Date Jul 8, 2015 Daytime Phone # 801400848

Typed or printed name of signing authorized representative/member Andrea Paul, Manager

20f2

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 700479 4803460
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 377.50

ORDER DATE : July 8, 2015
ORDER TIME : 3:19 PM
ORDER NO. : 700479-005
CUSTOMER NO: 4803460

DOMESTIC FILINGS

NAME: BOARDVITALS LLC

RECEIVED
DEPARTMENT OF STATE
15 JUL -8 PM 4:17
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____