

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

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # L11000094045

1. Limited Liability Company's Name

BoardVitals LLC

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

137 Varick Street

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10013

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

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

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

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

400274864364

2014-2015

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 |
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| | | | |

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 :

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

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 _____

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