PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 NOV -3 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800354892838
11/03/20--01030--014 **238.75

DOCUMENT # L11000120091

1. Limited Liability Company's Name

VITA VITALY INTERNATIONAL LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
183 SOUTH SHADOWBAY BLVD	P.O. BOX 782383
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	650 N. ALAFAYA TRL STE 101
City & State	City & State
LONGWOOD, FL	ORLANDO FL
Zip / Country	Zip / Country
32779 / USA	32878 / USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/20/2011

6. FEI Number: 45-3640530 ☐ 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: MASRI HOLDINGS INC

Street Address (P.O. Box Number is Not Acceptable) Suite,: 3837 BYRITE DR

Apt. #, Etc.:

City: ORLANDO | State: FL | Zip Code: 32826

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: _____ Date: 10/30/20

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
MNR	IMAD R MASRI	P.O. BOX 782383	ORLANDO, FL 32878

REINSTATEMENT

NOV 03 2020

R. HUNT

11. E-mail Address: ASOKANCPA@GMAIL.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: _____ Date: 10/30/20 Daytime Phone #: 4074466908

Typed or printed name of signing authorized representative/member: IMAD R MASRI