

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000059490

1. Limited Liability Company's Name

Florida Power Yoga LLC

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

7016 Land O Lakes Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Land O Lakes, FL

Zip

34638

Country

3. Mailing Office Address

8542 Eagle Brook Dr

Suite, Apt. #, etc.

City & State

Land O Lakes, FL

Zip

34637

Country

8. Name and Address of Current Registered Agent

Name

Denise McClure

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

7016 Land O Lakes Blvd

Apt. #, Etc.

Suite 101

City

Land O Lakes

State

FL

Zip Code

34638

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/02/2012

6. FEI Number

30-0757411

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

CR2E041 (1/14)

700286704317
06/09/16--01023--023 **477.50

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

Denise McClure

REGISTERED AGENT MUST SIGN

Date

5/26/16

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
MMBR	Denise A McClure	8542 Eaglebrook Dr	Land O Lakes, FL 34638

11. E-mail Address dmmclurehawk@aol.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

Denise McClure

Date

5/26/16

Daytime Phone #

813 431-8033

Typed or printed name of signing authorized representative/member