PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

F.IC.5?

14 OCT -9 AM 8: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000062767

1. Limited Liability Company's Name

Simple Remedies Bath & Body LLC
306 Colorado Avenue
Stuart, FL 34994

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
306 Colorado Ave	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Stuart, FL 3494	City & State SAME
Zip	Country	Zip	Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

05/09/2012

6. FEI Number   37-1714796

☐ 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 Trina Lange-Stidel

Street Address (P.O. Box Number is Not Acceptable)
1820 NE Steven Avenue

Suite, Apt. #, Etc.

City Jensen Beach   State FL   Zip Code 3495

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10/03/14--01034--019 **238.75

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

REGISTERED AGENT MUST SIGN

Date 10/6/14

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	Trina Lange-Stidel	1820 NE Steven Ave	Jensen Beach, FL 3495

REINSTATEMENT

OCT 0 9 2014

R. HUNT

11. E-mail Address: PATERSONACCT@COMCAST.NET
(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 608, 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____   Date 10/6/14   Daytime Phone # 772-215-3573

Typed or printed name of signing Authorized Representative/Manager Trina Lange-Stidel