


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

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

FILED

15 JUL -8 PM 4:20

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000042377

1. Limited Liability Company's Name

BoardVitals.com 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 03/21/2013

6. FEI Number ☐ 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, 2915 NW 15th PL			
Apt. #, Etc.			
City Gainesville	State FL	Zip Code 32605	

500274864355

REINSTATEMENT

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

JUL - 9 2015

L. SELLERS

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 # 801-400-8480

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

2062

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 : 3:20 PM

ORDER NO. : 700479-010

CUSTOMER NO: 4803460

DOMESTIC FILINGS

NAME: BOARDVITALS.COM 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 _____

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DEPARTMENT OF REVENUE
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING