

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L13000059086**

1. Limited Liability Company's Name

STOP SNORING, LLC

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

1107 N. ATLANTIC Dr

Suite, Apt. #, etc

City & State

LANTANA, FL

Zip

33462

Country

U.S.A

3. Mailing Office Address

1107 N. ATLANTIC Dr

Suite, Apt. #, etc

City & State

LANTANA, FL

Zip

33462

Country

U.S.A

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

APRIL 22, 2013

6. FEI Number

46-3234026

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

Dr JANICE LUKE

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

1107 N. ATLANTIC Dr

Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

000292373020  
11/15/16--01031--019 \*\*377.50

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

Date 11-9-16

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	Dr JANICE LUKE	1107 N. ATLANTIC Dr	LANTANA, FL 33462

11. E-mail Address lukecowen@bellsouth.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 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 11-9-16

Daytime Phone #

Typed or printed name of signing authorized representative/member Dr JANICE LUKE