PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAR -1 PM 12:04

400296167254

DOCUMENT # L14000044840

1. Limited Liability Company's Name
New Leaf Florida LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3 Corbett Way		3 Corbett Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite A			
City & State		City & State	
Eatontown, NJ		Eatontown NJ	
Zip	Country	Zip	Country
07724	USA	07724	USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida 3/17/2014

6. FEI Number
46-5133101
☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) Suite,
1200 South Pine Island Road

Apt., #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 _____ Peter Trawinski Assistant Secretary Date 2/28/2017

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
CEO	Arel Meister-Aldama	3 Corbett Way	Eatontown, NJ 07724
	REINSTATEMENT		
	2016- 2017		

11. E-mail Address: _____
(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 2/27/17 Daytime Phone # 732-201-8493

Typed or printed name of signing authorized representative/member Arel Meister-Aldama

MAR - 1 2017

L BERGER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 525075 8052712

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : February 27, 2017

ORDER TIME : 9:48 AM

ORDER NO. : 525075-005

CUSTOMER NO: 8052712

DOMESTIC FILINGS

NAME: NEW LEAF FLORIDA LLC

RECEIVED
2017 MAR -1 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____