

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV -5 AM 9:09

DOCUMENT # L14000107289

1. Limited Liability Company's Name

Ocean Health Group, LLC

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

6538 Collins Avenue

Suite, Apt. #, etc.

#313

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Office Address

6538 Collins Avenue

Suite, Apt. #, etc.

#313

City & State

Miami Beach, FL

Zip

33141

Country

USA

CR2ED41 (1/14)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

7/7/14

6. FEI Number

47-1548275

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

Christine Menedis

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

6538 Collins Avenue

Apt. #, Etc.

#313

City

Miami Beach

State

FL

Zip Code

33141

400278907934

11/05/15--01036--002 **1218.75

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

Date 11/4/15

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	Christine Menedis	6538 Collins Ave #313	Miami Beach, FL 33141
MGR	Stephen Alex	6538 Collins Ave #313	Miami Beach, FL 33141

REINSTATEMENT
2015

S. HAWKES
NOV 6 - AM
EXAMINER

11. E-mail Address: ccm@aquarollusa.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

Date 11/4/15

Daytime Phone # 305.775.9103

Typed or printed name of signing authorized representative/member Christine Menedis