

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 30 AM 9:47

STATE OF FLORIDA

DOCUMENT # LS000104191

1. Limited Liability Company's Name

Maria Luisa Tovia Yoga, LLC

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

8906 SW 221st Ter

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33190

Country

USA

3. Mailing Office Address

8906 SW 221st Ter

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33190

Country

USA

CR2ED41 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

5.25.2015

6. FEI Number

47-4401139

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

Maria Tovia-Lilly

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

8906 SW 221st Ter

Apt. #, Etc

City

Miami

State

FL

Zip Code

33190

400293774684

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

Maria Tovia-Lilly

Date

12.28.2014

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
<u>AHR</u>	<u>Paul A. Lilly</u>	<u>8906 SW 221st Ter</u>	<u>Miami, FL 33190</u>

11. E-mail Address:

ma.luisa.tovia@gmail.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

Maria Tovia-Lilly

Date

12.28.14

Daytime Phone #

786.525.3095

Typed or printed name of signing authorized representative/member