
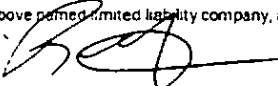



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		18 AUG -6 PM 5:57	
DOCUMENT # L15000130377					
1. Limited Liability Company's Name Lotus Health LLC					
2. Principal Office Address - No P.O. Box # 18268 50th St N		3. Mailing Office Address		116-18 CR2E041 (1/14)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State/Country of Formation FL/USA	
City & State Loxahatchee		City & State		5. Date Organized or Qualified To Do Business in Florida 8/1/2015	
Zip 33470	Country USA	Zip	Country	6. FEI Number	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
Name Richard Garipoli					
Street Address (P.O. Box Number is Not Acceptable) Suite. 18268 50th St					
Apt. #, Etc.					
City Loxahatchee		State FL	Zip Code 33470		
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 7/20/2018	
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	
AR	Richard Garipoli	18268 50th St N		Loxahatchee, FL 33470	
				AUG 14 2018	
				S. PRATHER	
11. E-mail Address rgaripoli@yahoo.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 7/20/2018 Daytime Phone # 561-396-0853	
Typed or printed name of signing authorized representative/member Richard Garipoli					