

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 AUG 18 PM 12:40

DOCUMENT # L20000073549

1. Limited Liability Company's Name

TRUE LIFE VENTURES LIMITED LIABILITY COMPANY

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

1095 Broken Sound Pkwy NW

Suite Apt. #, etc.

Suite 300

City & State

Boca Raton FL

3. Mailing Office Address

1095 Broken Sound Pkwy NW

Suite Apt. #, etc.

Suite 300

City & State

Boca Raton FL

Zip

33487

Country

USA

Zip

33487

Country

USA

CR3041 (1-14)

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

03/05/2020

6. FEI Number

84-5110342

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

6. Name and Address of Current Registered Agent

Name

UNITED STATES CORPORATION AGENTS, INC.

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

476 RIVERSIDE AVE.

Apt. # Etc

City

JACKSONVILLE

State
FL

Zip Code
32202

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

REGISTERED AGENT MUST SIGN

Date

08/16/23

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

Michael Ashabi

1095 Broken Sound Pkwy NW Suite 300 Boca Raton FL 33487

REINSTATEMENT

08/18/23

R. HUNT

08/18/23

11. E-mail Address

MIKE.ASHABI@ASHABI-VENTURES.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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

08/16/23

Daytime Phone #

305-608-1759

Typed or printed name of signing authorized representative/member

MICHAEL ASHABI

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/18/2023

NAME: TRUE LIFE VENTURES LIMITED LIABILITY COMPANY

TYPE OF FILING: REINSTATEMENT

COST: 516.25

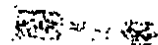
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge



R. HUNT

08/18/23