PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS 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

000041423810

DOCUMENT # L20000073549

1. Limited Liability Company's Name

TRUE LIFE VENTURES LIMITED LIABILITY COMPANY

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1095 Broken Sound Pkwy NW	1095 Broken Sound Pkwy NW
Suite Apt. #, etc.: Suite 300	Suite Apt. #, etc.: Suite 300
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

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: [signature] Date: 08/16/23

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	Michael Ashabi	1095 Broken Sound Pkwy NW Suite 300	Boca Raton FL 33487

REINSTATEMENT

R. HUNT
08/18/23

11. E-mail Address: MIKEASHABI@ASHABIVENTURES.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: [signature] 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

RETURN: PLAIN COPY PLEASE

RECEIVED
2023 AUG 18 PM 2:25
TALLAHASSEE, FLORIDA

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

R. HUNT
08/18/23