PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 FEB 11 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L20000195717

1. Limited Liability Company's Name
Power Health Florida, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
PO Box 8570	
Suite, Apt. #, etc. Suite #702-407	Suite, Apt. #, etc.
City & State Hollywood, FL	City & State
Zip 33024 Country United States	Zip Country

CR2E041 (1/14)

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 07/2020
6. FEI Number: 85-2034070 ☑ 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: Gady Abramson
Street Address (P.O. Box Number is Not Acceptable) Suite: 8570 Stirling Rd
Apt. #, Etc.: Suite 407
City: Hollywood | State: FL | Zip Code: 33024

REINSTATEMENT 2021-2022

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 1-31-22
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
AMBR/MAT	Abramson	3951 NW 94th Ave	Hollywood, FL 33024
MGR	Jessica Dinn	7400 Palomino DR #522	Hollywood, FL 33024
MBR	Angela Fuentes	5708 Plunkett St	Hollywood, FL 33023

11. E-mail Address: Jess@backtomind.com / Jess@POWERHEALTHFlorida.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 1-31-22 Daytime Phone # 954-986-4559

Typed or printed name of signing authorized representative/member Gady Abramson