

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22000124879

1. Limited Liability Company's Name
METAHEALTH NETWORK LLC

2. Principal Office Address - No P.O. Box #
6663 NW 103rd Pkwy.

3. Mailing Office Address
12714 NW 19th Manor

Suite, Apt #, etc

Suite, Apt #, etc

City & State

Doral, FL

City & State

Coral Springs, FL

Zip

33178

Country

USA

Zip

33071

Country

USA

8. Name and Address of Current Registered Agent

Name

INC AUTHORITY RA

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

390 N. ORANGE AVE., STE. 2300-N

Apt #, Etc

City

Orlando

State

FL

Zip Code

32301

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]
REGISTERED AGENT MUST SIGN

Date **5/16/2024**

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	Tanya R Clarke	6663 NW 103rd Pkwy.	Doral, FL 33178
AMBR	Robert W Johnston	6663 NW 103rd Pkwy.	Doral, FL 33178

11. E-mail Address: **renewals@incauthority.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]
Tanya R Clarke

Date **5/16/2024**

Daytime Phone #

(917) 238-9278

Typed or printed name of signing authorized representative/member

FILED

2024 JUN -4 PM 12:26

**FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL**

**700430988407
05/04/24--01030--002 *\$377.50**

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a certificate of status**

REINSTATEMENT

2023-2024

JUN 4 2024

M. WILLIAMS