

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000000151

Name and Mailing Address

0002346 01 FP 0.352 **PRSRT TB 0 0615 33154-112061



TOTAL WELLNESS OPPORTUNITIES, L.C.
10061 E. BROADVIEW DRIVE
BAY HARBOR ISLANDS FL 33154-1120



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 10061 E. BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154		5. Date Organized or Qualified To Do Business in Florida 02/05/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 74-2869769	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
STERN, BERNARD H M.D. 1019 KANE CONCOURSE, SUITE 203 BAY HARBOR ISLANDS FL 33154	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____

REGISTERED AGENT MUST SIGN

Date 10/22/02

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	THE BERNARD & ANTOINETTE STERN LOVING T	10081 E BROADVIEW DRIVE	BAY HARBOR ISLANDS FL 33154
			700008643587 10/29/02--01025--021 **150.00
			AL 100008422931--8 -10/17/02--01040--001 *****50.00 *****50.00
			REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager _____ Date 10/22/02 Daytime Phone # 800.454.0225

Typed or printed name of signing Managing Member/Manager

Reynold A. Stearns