

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 20 PM 4:01

LIMITED LIABILITY
COMPANY

REINSTATEMENT

2001-2002 UBIK



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L98000001598

1. Limited Liability Company's Name

NEW AGE HEALTH INNOVATIONS, LLC

100009713731
12/27/02--01034--007 **100.00

2. Principal Office Address

10058 SPANISH ISLES BLVD

Suite, Apt. #, etc.

BLDG-F; - BAY 5

City & State

BOCA RATON FL

Zip

33498-6382

Country

USA

3. Mailing Office Address

10058 SPANISH ISLES BLVD

Suite, Apt. #, etc.

BLDG F; BAY 5

City & State

BOCA RATON FL

Zip

33498-6382

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

8-26-98

6. FEI Number

65-0859898

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

STUART E. BLOCH

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

980 No. FEDL HWY, Suite 205

Suite, Apt. #, Etc.

SUITE 205

City

BOCA RATON

State

FL

Zip Code

33432

9. 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 X

REGISTERED AGENT MUST SIGN

Date

12/3/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BANYAN HEALTH CARE PRODUCTS, INC.	10058 SPANISH ISLES BLVD BLDG F, BAY 5	BOCA RATON, FL 33498
MGRM	SUNCOAST PHARMACY, INC.	10058 SPANISH ISLES BLVD BLDG F, BAY 5	BOCA RATON, FL 33498

11. 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 X

Date

12/2/02

Daytime Phone #

561-477-9622

Typed or printed name of signing Managing Member/Manager

Jeffrey Salamon

CR2E041 (9/01)

2062

NEW AGE HEALTH INNOVATIONS, LLC
DOC: L98000001598

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2001 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,


JEFFREY SALAMON