LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # L98000001697

1. Limited Liability Company's Name
Healing Earth Holistic Center, LLC

2. Principal Office Address
19022 NE 29 Ave

3. Mailing Office Address
19022 NE 29 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation
Florida , USA.

5. Date Organized or Qualified To Do Business in Florida 9/4/1998.

City & State
Aventura, FL

City & State
Aventura, FL

6. FEI Number
65-0865393

Applied For

Not Applicable

Zip 33180	Country USA.	Zip 33180	Country USA.

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

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****150.00 ****150.00

Name
Mark G. Astor

Street Address (P.O. Box Number is Not Acceptable)
6661 Boynton Beach Blvd.

Suite, Apt. #, Etc.

City Boynton Beach	State FL	Zip Code 33437

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   M. Astor

REGISTERED AGENT MUST SIGN

Date 11/26/00.

CR2E041 (9/99)

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
MGR	Simon Astor	650 West Ave. #2207	Miami Beach, FL 33139

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 _____   Date 11/7/00   Daytime Phone # 305 792 0007.

Typed or printed name of signing Managing Member/Manager   Simon Astor.