

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

98000002345

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 NOV -5 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 98000002345**

1. Limited Liability Company's Name

Better Life Club, L.L.C.

2. Principal Office Address

2655 LeJeune Rd.

Suite, Apt. #, etc.

513

City & State

Coral Gables FL

Zip

33134

Country

Miami/Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL Miami/Dade

5. Date Organized or Qualified
To Do Business in Florida

10/21/98

6. FEI Number

65-0876255

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

Herbert M. Levin

400004669814-4

Street Address

2655 LeJeune Road

11/06/01-01090-001

******155.00 ****155.00**

Suite, Apt. #, etc.

513

Coral Gables

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/2/01

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	Herbert M. Levin	525 Alhambra Cir	Coral Gables, FL 33134

REINSTATEMENT 2001

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 corrected, the limited liability company name satisfies the requirements of section 608.406, F.S., and that 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 if made under oath.

Signature of

Managing Member/Manager

[Signature]

Date

11/2/01

Daytime Phone

305 448 9080

Typed or printed name of signing Managing Member/Manager

Herbert M. Levin

CR2E041 (9/01)

Charter Number Only

VALIDATION ONLY

11/2/09

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Better Life Club, C.L.C.

- | | | |
|---|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Pick Up | | |

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DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028

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