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TALLAHASSEE, FLORIDA

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To:
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Fax Number : (850)205-0383

From:
Account Name : DAVID FONG
Account Number : I20020000037
Phone : (407)894-1557
Fax Number : (407)895-1357

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## LIMITED LIABILITY REINSTATEMENT

### THE COGNOSCENTI HEALTH INSTITUTE LLC

| | |
|---|---|
| Certificate of Status | 1 |
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| Estimated Charge | $155.00 |



J. BRYAN OCT 17 2002

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000210

**1.** Limited Liability Company's Name
The Cognoscenti Health Institute, LLC

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 12423 Research Pkwy | | 1221 E. Robinson St. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 700 | | | |
| City & State | | City & State | |
| Orlando, FL | | Orlando, FL | |
| Zip | Country | Zip | Country |
| 32826 | Orange | 32801 | Orange |

**4.** State/Country of Formation: State of Delaware

**5.** Date Organized or Qualified To Do Business in Florida: 1/25/2001

**6.** FEI Number: 59-3692421 ☐ 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: David Fong, CPA

Street Address (P.O. Box Number is Not Acceptable): 1221 E. Robinson St.

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32801

**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: D. Fong — Date: 10/17/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

**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 | Alex Cecil | 1221 E. Robinson St. | Orlando, Fl 32801 |
| Mgr | Philip Chen | 1221 E. Robinson St. | Orlando, FL 32801 |
| | | | |
| | | | |
| | | | |
| | | | |

**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: P. Chen — Date: 10/17/02 Daytime Phone # 407-894-1557

Typed or printed name of signing Managing Member/Manager: Philip Chen