

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Jan 21, 2009  
Secretary of State**

DOCUMENT# M08000000006

Entity Name: MANTRA. LIVING LLC

**Current Principal Place of Business:**

180 W 20TH ST  
STE 143  
NEW YORK, NY 10011

**New Principal Place of Business:**

1988 CLASSIC DRIVE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

180 W 20TH ST  
STE 143  
NEW YORK, NY 10011

**New Mailing Address:**

1988 CLASSIC DRIVE  
CORAL SPRINGS, FL 33071

FEI Number: 26-1680922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHIMMEL, ANDREW  
1988 CLASSIC DR  
CORAL SPRINGS, FL 33071      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDREW SCHIMME;

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SCHIMMEL, JEFFREY  
Address: 180 W 20TH ST - STE 143  
City-St-Zip: NEW YORK, NY 10011

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: SCHIMMEL, JEFFREY  
Address: 347 N NEW RIVER DRIVE EAST  
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFFREY S SCHIMMEL

MR

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date