

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
UBR



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 1:02

*Handwritten signature*

DOCUMENT #

1. Limited Liability Company's Name

*PAIN Relief Technology, LLC*

2. Principal Office Address

*7777 Afton Villa Ct*

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Boca Raton FL*

City & State

*Same*

Zip

*33433*

Country

*USA*

Zip

Country

4. State/Country of Formation

*Palm Beach Florida*

5. Date Organized or Qualified To Do Business in Florida

*12/19/1995*

6. FEI Number

*65-0647147*

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

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

*500003465225-0*  
*-11/15/00-01119-000*  
*\*\*\*\*\*50.00 \*\*\*\*\*50.00*

Suite, Apt. #, Etc.

City

State

Zip Code

*FL*

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

REGISTERED AGENT MUST SIGN

Date

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
<i>Mrs</i>	<i>Bernard Shavitz</i>	<i>7777 Afton Villa Ct</i>	<i>Boca Raton FL 33433</i>

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

*Bernard Shavitz*

Date

*11/3/2000*

Daytime Phone #

*561-451-1555*

Typed or printed name of signing Managing Member/Manager

*Bernard Shavitz*

CR2E041 (9/99)