

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 11980000000682

1. Limited Liability Company's Name

TOTAL HEALTH CONCEPTS, L.L.C.

2. Principal Office Address

1001 W. CYPRESS CREEK

Suite, Apt. #, etc.

SUITE 302

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

3. Mailing Office Address

1011 HIGHWAY 71

Suite, Apt. #, etc.

SUITE 200

City & State

SPRING LAKE, NJ

Zip

07762

Country

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

06/24/98

6. FEI Number

22-3575678

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

WALTER M. CRAIG, JR

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

1001 W. CYPRESS CREEK

Suite, Apt. #, etc.

SUITE 302

City

FT. LAUDERDALE

State

FL

Zip Code

33309

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

Walter M. Craig, Jr.

REGISTERED AGENT MUST SIGN

Date 11/9/99

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
MEM	CRAIG, WALTER M (JR.)	1011 HIGHWAY 71, SUITE 200	SPRING LAKE, NJ 07762
MEM	PEARLMAN, HERBERT	537 STEAMBOAT ROAD	GREENWICH, CT 06830
MEM	LAWI, DAVID	537 STEAMBOAT ROAD	GREENWICH, CT 06830
REINSTATEMENT 1999		000003052000--1 -11/22/99--01139--021 ****150.00 ****150.00	

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

Walter M. Craig, Jr.

Date 11/9/99

Daytime Phone # (32) 282-1411

Typed or printed name of signing Managing Member/Manager

WALTER M. CRAIG, JR.