

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PO400016144**

**BREATH APPEAL CORP.**

FILED  
06 APR -3 AM 10:10

CR2E041 (8/05)

<b>2. Principal Office Address</b> <b>23 GLENS DR. W.</b>		<b>3. Mailing Office Address</b> <b>23 GLENS DR. WEST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOYNTON BEACH FL.</b>		City & State <b>BOYNTON BEACH FL.</b>	
Zip <b>33436</b>	Country <b>USA</b>	Zip <b>33436</b>	Country <b>USA</b>
<b>4. State/Country of Formation</b> <b>FLORIDA</b>		<b>5. Date Organized or Qualified To Do Business in Florida</b> <b>2005</b>	
<b>6. FEI Number</b> <b>06-1455-439</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

Name **MARK GOROFF**  
Street Address (P.O. Box Number is Not Acceptable)  
**23 GLENS DRIVE WEST**  
Suite, Apt. #, Etc.  
City **BOYNTON BEACH** State **FL** Zip Code **33436**

**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 **Mark Goroff** Date **3-19-06**  
REGISTERED AGENT MUST SIGN

**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
PRES.	MARK GOROFF	23 GLENS DRIVE WEST	BOYNTON BEACH FL. 33436

400070814704  
04/18/06 01043 022 \*\*150.00

**B 4/5/06**

**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 **Mark Goroff** Date **3-19-06** Daytime Phone # **561-732-8994**

Typed or printed name of signing Managing Member/Manager