

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 22 AM 5:10

DOCUMENT # F10000004925

1. Corporation Name  
BrandMuscle, Inc.

2. Principal Office Address - No P.O. Box #  
3750 Park East Drive

Suite, Apt. #, etc

City & State  
Beachwood, OH

Zip Country  
44122 USA

3. Mailing Office Address  
Same

Suite, Apt. #, etc

City & State

Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 11/10/2010

5. FEI Number 34-1939781  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name NATIONAL CORPORATE RESEARCH, LTD., INC.

Street Address (P.O. Box Number is Not Acceptable)  
515 East Park Avenue

Suite, Apt. #, Etc

City Tallahassee State FL Zip Code 32301

600215496666  
12/22/11--01045--002 \*\*750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Julie Watson, Asst. Sec.  
REGISTERED AGENT MUST SIGN

Date 12/19/11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Philip Alexander	3750 Park East Dr.	Beachwood, OH 44122
	Peter Cowie	49 Salem Street	Andover, MA 01810
Director	Bill Egan	28 State Street, Suite 1801	Boston, MA 02110
Director	Lane MacDonald	600 Atlantic Avenue	Boston, MA 02210
Director	Lauren Fine	18301 Shaker Blvd.	Shaker Heights, OH 44120
Director	Frank Selldorff	10 Post Office Sq., Suite 551N	Boston, MA 02109

10. E-mail Address: khellin@brandmuscle.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Maureen Hill

Date 12/19/2011

216-454-2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DR