

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB 11 AM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11000000464

1. Corporation Name
EQUFIT CORPORATION, INC

2. Principal Office Address - No P.O. Box #
297 HIGH ST

3. Mailing Office Address
297 HIGH ST

City & State
DEDHAM, MA

City & State
DEDHAM, MA

Zip Country
02026 US

Zip Country
02026 US

4. Date Incorporated or Qualified To Do Business in Florida
01-31-2011

5. FEI Number
04-3541495

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
C.T. CORPORATION SYSTEM

Street Address (P.O. Box Number is not acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

State
FL

Zip Code
33324

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent
Tammy Tofteroo

Tammy Tofteroo
Vice President

Date
2/6/14

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
Pres	ALEXANDRA CHERUBINI	297 HIGH STREET	DEDHAM, MA 02026

10. E-mail Address: **lodegiacomo@equift.net**
(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 807 or 817, 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 807.0401 or 817.0401, 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: *Alexandra Cherubini*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-6-14**

Cell Phone: **1-877-437-8434**