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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 DEC 29 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F14000004280**

1. Corporation Name

Peerfit, Inc.

2. Principal Office Address - No P.O. Box #

1120 East Twiggs Street

Suite, Apt. #, etc.

Apt. G370

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

1120 East Twiggs Street

Suite, Apt. #, etc.

Apt. G370

City & State

Tampa, FL

Zip

33602

Country

USA

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

October 9, 2014

5. FEI Number

27-4941839

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

Edward J. Buckley, III

Street Address (P.O. Box Numbers Not Acceptable)

1120 East Twiggs Street

Suite, Apt. #, Etc.

Apt. G370

City

Tampa

State

FL

Zip Code

33602

300280452323

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

*Ed Buckley*

REGISTERED AGENT MUST SIGN

Date 12/28/15

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
DP	Edward J. Buckley, III	1120 East Twiggs Street, Apt. G370	Tampa, FL 33602
D	Scott Peoples	1120 East Twiggs Street, Apt. G370	Tampa, FL 33602
AS	Justyn J. Kasierski	3110 Edwards Mill Road, Suite 300	Raleigh, NC 27612

10. E-mail Address: scott@peerfit.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:

*Scott H Peoples*      *Scott H Peoples*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/15

678.416.6566

Date

Office Phone #

*scott@peerfit.com*

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FILED

15 DEC 29 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 934799 7110208  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$750.00

ORDER DATE : December 29, 2015  
ORDER TIME : 9:53 AM  
ORDER NO. : 934799-005  
CUSTOMER NO: 7110208

RECEIVED  
DEPARTMENT OF REVENUE  
15 DEC 29 AM 10:53  
NOT RETURNED  
TO AGENCY OF  
SUFFICIENCY OF FILING

REINSTATEMENT

NAME: PEERFIT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- 62956

EXAMINER'S INITIALS \_\_\_\_\_