

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUN 25 AM 10:43

DOCUMENT # P00000049376

1. Corporation Name

FIRM RESULTZ FITNESS CLUB, INC

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

2325 Caney Oaks Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2325 Caney Oaks Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32218

Country

United States

Zip

32218

Country

United States

4. Date Incorporated or Qualified

To Do Business in Florida 5/15/00

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

100182621121  
06/25/10--01027--010 \*\*1050.00

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name

Lang Davis

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

13422 Clifford Thomas Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32220

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

REGISTERED AGENT MUST SIGN

Date 6/23/10

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
P,V,T,S	Jason Taylor	2325 Caney Oaks Drive	Jacksonville, Florida 32218
D,C	Lang Davis	13422 Clifford Thomas Lane	Jacksonville, Florida 32220

Handwritten: JB 6/30/10

REINSTATEMENT 08/10

10. E-mail Address: neverwithout@aol.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/10

Date

904-881-6345

Daytime Phone #