## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000067218

Entity Name: ST. PETE BEACH FITNESS, INC.

FILED Jun 22, 2006 Secretary of State

| Current Pr                          | incipal Place               | e of Business:  | New Principal Place o                         | New Principal Place of Business:             |  |
|-------------------------------------|-----------------------------|---|---|--|--|
| 4615 GULF<br>ST PETE B              | BLVD<br>EACH, FL 3          | 3706  |   |  |  |
| Current Mailing Address:            |                             |   | New Mailing Address                           | New Mailing Address:                         |  |
| 4615 GULF<br>ST PETE B              | BLVD<br>EACH, FL 3          | 3706  |   |  |  |
| FEI Number:                         | 20-0986165                  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )                 | Certificate of Status Desired (X)            |  |
| Name and                            | Address of                  | Current Registered Agent:   | Name and Address of                           | Name and Address of New Registered Agent:    |  |
| SNEAD, LC<br>4615 GULF<br>ST PETE B |                             | 3706 US   |   |  |  |
| The above in the State              |                             | submits this statement for the  | purpose of changing its registered            | office or registered agent, or both,         |  |
| SIGNATUR                            | E: LORRAII                  | NE SNEAD  |   |  |  |
|                                     | Electro                     | nic Signature of Registered Ag  | ent   | Date   |  |
|                                     |                             | 3(2)(b), F.S., the corporation did n<br>g Trust Fund Contribution (  ). | ot receive the prior notice.                  |  |  |
| OFFICERS AND DIRECTORS:             |                             |   | ADDITIONS/CHANGE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: Name: Address: City-St-Zin:  | SNEAD, LORR<br>455 POLE HIL |   | Title: (<br>Name:<br>Address:<br>City-St-Zin: | ) Change ( ) Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE SNEAD P 06/22/2006