

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000018377

1. Corporation Name

Fit Ideas, Inc.

100179474161
04/30/10--01057--024 **750.00

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

4345 Hunting Trail

Suite, Apt. #, etc.

3. Mailing Office Address

4345 Hunting Trail

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33467

Country

USA

Zip

33467

Country

USA

REINSTATEMENT 08-10
GR2E061 (1-100)

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/07

5. FEI Number

71-1025566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee* required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Michael J. Seichilone

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

4345 Hunting Trail

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

Michael J. Seichilone

REGISTERED AGENT MUST SIGN

Date 4/6/2010

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 | MICHAEL J SEICHLONE | 4345 4345 HUNTING TRAIL | LAKE WORTH, FL 33467 |
| | | | |
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| | | | |
| | | | |

205/5

10. E-mail Address: ~~fitideas@fitideas.com~~ GOPAT55@hotmail.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:

Michael J. Seichilone Michael J Seichilone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/10 561-756-0077

Daytime Phone #