2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 672106

1027 10TH WAY

WEST PALM BEACH, FL 33407 US

Address: City-St-Zip: I'M A BODY EYEDCISE STUDIO INC

FILED Oct 12, 2008 Secretary of State

| Entity Nan | ne: IM A BOD | Y EXERCISE STUDIO, INC. | | | |
|---|--|--|--|--|--|
| Current Principal Place of Business: | | | New Principal Place of I | New Principal Place of Business: | |
| 6185 JOG LAKE WOF | ROAD RTH, FL 33467 | US | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 6185 JOG LAKE WOF | RD. RTH, FL 33467 | US | 6185 JOG ROAD LAKE WORTH, FL 33467 | 7 US | |
| FEI Number: | 59-2008450 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of N | Name and Address of New Registered Agent: | |
| 6185 JOG LAKE WOF | RTH, FL 33467 | US | rpose of changing its registered of | fice or registered agent, or both, | |
| SIGNATUR | RE: DONNA A | | | D.4. | |
| | e with s. 607.193 | c Signature of Registered Agen (2)(b), F.S., the corporation did not I Trust Fund Contribution (). | | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PTDS () I HUBSCHER, DO 8005 PELICAN I LAKE WORTH, F | ARBOUR DR | Title: () Name: Address: City-St-Zip: | Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (X) HUBSCHER, BO 8117 PELICAN H LAKE WORTH, F | HARBOUR DR | Title: () Name: Address: City-St-Zip: | Change () Addition | |
| Title: Name: | VP (X) HUBSCHER, TA | Delete /LOR M VP | Title: () Name: | Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DONNA A. HUBSCHER PRES 10/12/2008