

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 DEC -8 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000002997

1. Corporation Name

Fitlinxx, Inc

400138688454
12/08/08--01046--011 **750.00

REINSTATEMENT 08

CR2E081 (10/08)

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

542 Westport Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

542 Westport Avenue 2nd FL

Suite, Apt. #, etc.

City & State

Norwalk, CT

City & State

Norwalk, CT

Zip

06851

Country

USA

Zip

06851

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/2004

5. FEI Number

06-1370158

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee to be paid
for renewal of Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

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

2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.

SUITE 4

City

Weston

State

FL

Zip Code

33331

☐ 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.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

[Handwritten Signature]

Date 12/2/2008

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
CEO	David Monahan	542 Westport Ave.	Westport, CT 06851
CFO	Don Juall	542 Westport Ave	Westport, CT 06851
CSO	Tom Blackadar	542 Westport Ave.	Westport, CT 06851
VP	Peter Croft	542 Westport Ave.	542 Westport Ave.
VP	Simon Wright	542 Westport Ave.	542 Westport Ave.
VP	Tom Quinlan	542 Westport Ave.	542 Westport Ave.

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

[Handwritten Signature] DAVID MONAHAN, CEO

12/2/08 (208) 708 5115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

12/2/08