

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 NOV 10 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000004609

1. Corporation Name

Atlanta Fitness, Inc.

500137783325
11/10/08--01031--024 **1058.75

REINSTATEMENT

06-08

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

14655 Glencreek Way

Suite, Apt. #, etc.

3. Mailing Office Address

14655 Glencreek Way

Suite, Apt. #, etc.

City & State

Alpharetta, Georgia

Zip

30004

Country

USA

City & State

Alpharetta, Georgia

Zip

30004

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 8, 2005

5. FEI Number

113749119

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a 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

By: Amy Purdy

Amy Purdy, Assistant Secretary

Date 10/21/08

REGISTERED AGENT MUST SIGN

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/S/D	Stephen D. Dow	14655 Glencreek Way	Alpharetta, Georgia 30004

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:

Stephen D. Dow

Stephen D. Dow, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/08

Date

678-393-0859

Daytime Phone #

11/12/08