PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

			S	Secretar	y of Sta	te		12 FE	EB-7 PH 1:41 ETARY OF STATE	
DOCUMENT # F0900004036 1. Corporation Name KALISTHENICS, INC.								TALLA	HASSEE. FLORIDA	
7846 COMMONWEALTH AVE 7846				46 COMMONWEALTH AVE			4. Date Incorp	CR2E081		
City & State BUENA PARK, CA Zip Country 90621 US			Zip		K, CA		5. FEI Number 204673723 6. CERTIFICATE OF STATUS DESIRED 38.7		Applied For Not Applicable	
7. Name and Address of Current Regis Name VCORP Services, LLC Street Address (P O. Box Number is Not Acceptable) 5011 South State Road 7 Suite. Apt. #. Etc Suite 106 City Davie					State Zip Code FL 33314		700220617697 - 02/07/1201003006 **750.00			
8. I, being appointed the registered agent of the above harned course from am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN								Digations of section 607.0505 or 617 0503, F.S Date 12/21/2011		
and Street Ad	ldresses	of Each Officer and	or Director (Fla	orida nonpro	ofit corporat	tions must list at le	ast 3 directors)		-	
Name of Officers and/or Directors			!		Street Address of Each Officer and/or Director		ı		City / State / Zip	
Chaim M. Rechnitz				7846 COMMONWEAL			LTH AVE	BUENA I	PARK, CA 90621	
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Chaim M. Rechnitz				7846 COMMONWEAL			LTH AVE	BUENA I	PARK, CA 90621	
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REINSTATEMEN								FEB 0 7 2012		
		ornog@kaliatha	nino as-	12	-		K. H	ואע		
(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 507 or 617, F.S. I further certify that when filling this										
ement applicat the corporation	ion, the r on have t	eason for dissolution been paid. I further on that false informati	n has been elim certify, the inforn on submitted in	inated, the mation indica a document	corporate nated on this to the Dep	name satisfies the i a application is true partment of State c	requirements of se and accurate, and constitutes a third of	ection 607.0401 or 6	17.0401, F.S., and that all fees	
	JMENT tion Name STHENI I Office Addre COMMO A etc. IA PAR I Corp S ress (P O. Bo) suth State R #. Etc D6 appointed the f Agent Chain	THENICS, If Office Address - No If COMMONWE at etc. IA PARK, Country US 7. Nar Corp Service The C	JMENT # F09000004 Identification Name STHENICS, INC. If Office Address - No P.O. Box # COMMONWEALTH AVE If etc. IA PARK, CA Country US 7. Name and Address of Corp Services, LLC ress (P O. Box Number is Not Acceptable) Puth State Road 7 #, Etc Officers and/or Directors Chaim M. Rechnit I Address: gkarnes@kalisther I that I am an officer or director or the recerement application, the reason for dissolution I that I am an officer or director or the recerement application, the reason for dissolution I am an officer or director or the recerement application, the reason for dissolution I am an officer or director or the recerement application, have been paid. I further or I that I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application, have been paid. I further or I am an officer or director or the recerement application have been paid. I further or I am an officer or director or the recerement application have been paid. I further or I am an officer or director or the recerement application have been paid. I furthe	JMENT # F09000004036 Ation Name STHENICS, INC. A Office Address - No P.O. Box # COMMONWEALTH AVE	Secretar DIVISION OF COUNTS OF COUNT	Secretary of Sta DIVISION OF CORPORAT SECRETARY OF STATEMENT JMENT # F09000004036 STHENICS, INC. SITHENICS, INC. SITHENICS, INC. SITHENICS, INC. SITHENICS, INC. SITHENICS, INC. SITHENICS, INC. City & State BUENA PARK, CA BUENA PARK, CA BUENA PARK, CA BUENA PARK, CA Country US 90621 7. Name and Address of Current Registered Agent COOP Services, LLC ress (P O. Box Number is Not Acceptable) utth State Road 7 #. Etc 166 State FL 3 appointed the registered agent of the above flame of property for a market flame of Officers and/or Directors Chaim M. Rechnitz Chaim M. Rechnitz Chaim M. Rechnitz T846 COMI Chaim M. Rechnitz T846 COMI REINSTATEMEN To be used for the convert or trustee empowered to execute ement application, the reason for dissolution has been eliminated, the corporate rather corporation have been paid. I further certify, the information indicated on the under oath. I am aware that faise information submitting in a document to the Dept. FURE:	Secretary of State DIVISION OF CORPORATIONS JMENT # F09000004036 STHENICS, INC. JOHN ON THE STATE S	Secretary of State DIVISION OF CORPORATIONS JMENT # F09000004036 STHENICS, INC. 3. Mailing Office Address CHENICS, INC. 4. Date Incore To Do Bust JOMMONWEALTH AVE Suite, Apt #, etc. 4. Date Incore To Do Bust JOMMONWEALTH AVE JOMEON ADDRESS J	Secretary of State DIVISION OF CORPORATIONS Secretary of State DIVISION OF CORPORATIONS	