

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
10 OCT -8 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
GYM SOURCE FLORIDA LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$243.75

FILED
10 OCT -8 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

OCT 11 2010

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L00000002094

1. Limited Liability Company's Name

Gym Source Florida LLC

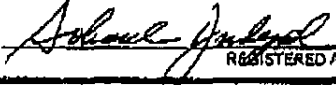
GR2ED41 (11/09)

2. Principal Office Address - No P.O. Box # 40 East 52nd Street Suite, Apt. #, etc.		3. Mailing Office Address 100 Danbury Road Suite, Apt. #, etc.	
City & State New York, New York		City & State Ridgefield, CT	
Zip 10022	Country USA	Zip 06877	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/24/2000	
6. FEI Number 651042544	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee Required for a Certificate of Status	

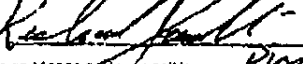
8. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
Zip Code 33324	

☐ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent 	Sohan R. Dindyal, 10-08-10 Vice President REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Richard L. Miller	40 East 52nd Street	New York, New York 10022

REINSTATEMENT 2010

11. E-mail Address: <u>RichL@GymSource.com</u>	
(To be used for future physical reason notifications)	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager 	Date <u>10/8/10</u> Daytime Phone # <u>203-248-1082</u>
Typed or printed name of signing Managing Member/Manager: <u>Richard L. Miller</u>	