

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-8041

1. Limited Liability Company's Name

Children's Fitness Center, LLC

2. Principal Office Address

7512 Dr. Phillips Blvd

Suite, Apt. #, etc.

#110

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

1100 Aberdare Pointe

Suite, Apt. #, etc.

City & State

Heathrow, FL

Zip

32746

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

July 7, 2000

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Charles D. Hargrove

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

801 N. Magnolia Ave.

Suite, Apt. #, Etc.

402

City

Orlando

State
FL

Zip Code

32803

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

Charles D. Hargrove

REGISTERED AGENT MUST SIGN

Date 10-17-01

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

CEO

Patricia Keating

1100 Aberdare Pt
Heathrow, FL 32746

11. 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 608.406, 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

Patricia L. Keating

Date

10/17/01

Daytime Phone #

407-333-0050

Typed or printed name of signing Managing Member/Manager

Patricia L. Keating

CR2E041 (9/01)