

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:19

DOCUMENT #

1. Limited Liability Company's Name

Imperial Fitness and Self Defense, LLC
L02000002223

2. Principal Office Address

201 W. Laurel St
Suite, Apt. #, etc.
912

City & State

TAMPA FL

Zip
33602

Country
USA

3. Mailing Office Address

201 W. Laurel St
Suite, Apt. #, etc.
912

City & State

TAMPA FL

Zip
33602

Country
USA

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

1/29/2002

6. FEI Number

01-0592464

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

Christopher J. Kinney

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

201 W. Laurel St

Suite, Apt. #, Etc.

912

City

TAMPA

State

FL

Zip Code

33602

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

REGISTERED AGENT MUST SIGN

Date 5/1/06

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
Manager	Christopher Kinney	201 W Laurel St #912	TAMPA FL 33602

REINSTATEMENT 04-06

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05/08/06--01005--011 **250.00

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

Date

5/1/06

Daytime Phone #

(813) 310-3251

Typed or printed name of signing Managing Member/Manager

Christopher J. Kinney