

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L02000018227

Name and Mailing Address

0007895 01 AT 0.292 **AUTO T9 0 0615 33189-202555



BETTER LIFE FITNESS LLC
8255 SW 196 TERRACE
MIAMI FL 33189-2025



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/18/2002	
Principal Place of Business 8255 SW 196 TERRACE MIAMI FL 33189	3. New Principal Place of Business Address	6. FEI Number 01-0736801	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent ROLLE, DAVIDA A 8255 SW 196 TERRACE MIAMI FL 33189		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>12/17/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROLLE, DAVIDA A	8255 SW 196 TERRACE	MIAMI FL 33189
		500025900865 12/31/03-01061-005 **155.00	
		REINSTATEMENT 03-cw dec	

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 608.406, 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

[Signature] **SIGNATURE REQUIRED**

Date

12/17/03

Daytime Phone #

305-387-6648

Typed or printed name of signing Managing Member/Manager

David A Rolle

CR2084 (7/03)

631848