

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda F. Hood  
Secretary of State

APPROVED  
AND  
FILED

03 NOV 24 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



1. DOCUMENT # L02000020601

Name and Mailing Address

0001391 01 AT 0.292 \*\*AUTO T7 2 0615 32137-462901



PALM COAST HEALTH & FITNESS, LLC  
5 UTILITY DRIVE, SUITE 1  
PALM COAST FL 32137-4629

2. New Mailing Address 6161 Shelby Oaks Drive City, State, Zip Memphis TN 38134		4. State/Country of Formation FL	
Principal Place of Business 5 UTILITY DRIVE, SUITE 1 PALM COAST FL 32137		5. Date Organized or Qualified To Do Business in Florida 08/13/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 01-0737927 Applied For Not Applicable	
		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 QUICK, SCOTT 5 UTILITY DRIVE, SUITE 1 PALM COAST FL 32137		9. Name and Address of New Registered Agent Name Jon Hobbs Street Address (P.O. Box Number is Not Acceptable) 5 Utility Drive, Suite 1 Palm Coast City FL Zip Code 32137	
--	--	---	--

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 Jon Hobbs **SIGNATURE REQUIRED** Date 11-20-03  
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
Pres	Lance Moore	7950 Club Center Cove	Cordova TN 38016
VP	Charlie Wiggins	8901 Sweet Flag Loop	Southaven MS 38671
COO	Sheridan Hibbard	5630 Rich Rd	Memphis TN 38120

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 Charlie Wiggins **SIGNATURE REQUIRED** Date 11-18-03 Daytime Phone # 901 508-0934

Typed or printed name of signing Managing Member/Manager Charlie Wiggins