

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 NOV -7 PM 1:21

1. DOCUMENT # L02000023818

Name and Mailing Address

0002329 01 AT 0.292 \*\*AUTO T1 0 0615 32503-260105



GYM CLASS, LLC  
4405 BAYOU BLVD.  
PENSACOLA FL 32503-2601



2. New Mailing Address

City, State, Zip

Principal Place of Business  
4405 BAYOU BLVD.  
PENSACOLA FL 32503

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 09/13/2002

6. FEI Number 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

WASHINGTON, NATLYN  
8808 UNIVERSITY PARKWAY  
PENSACOLA FL 32514

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

*Natlyn Washington*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-24-03

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing<br>Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| MGRM     | WASHINGTON, NATLYN                   | 8808 UNIVERSITY PARKWAY                           | PENSACOLA FL 32514 |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
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REINSTATEMENT -03-  
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

*Natlyn Washington*  
**SIGNATURE REQUIRED**

Date 10-24-03 Daytime Phone # (850) 478-2155

Typed or printed name of signing Managing Member/Manager

Natlyn Washington

CR2E084 (7/03)