

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 10 AM 9:53

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

LD3000019263

1. Limited Liability Company's Name

J & R Gym L.L.C.

2. Principal Office Address

8260 Via Bella St.

Suite, Apt. #, etc.

3. Mailing Office Address

8260 Via Bella St.

Suite, Apt. #, etc.

City & State

SANFORD FL 32771

City & State

SANFORD FL

Zip

32771

Country

SEATTLE

Zip

32771

Country

U.S.A.

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

May 23, 2003

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**

Name

RAYMOND G. GNAT

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

8260 Via Bella St.

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

**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
PRES.	RAYMOND GNAT	8260 Via Bella St.	SANFORD, FL 32771
D	JOAN M. GNAT	8260 Via Bella St.	SANFORD FL 32771
			400077728474
			07/19/06--01047--004 **255.00
			REINSTATEMENT 04-06

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

*[Signature]*

Date

Daytime Phone#

407-328-7437

Typed or printed name of signing Managing Member/Manager

RAYMOND G. GNAT