

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000016462

Entity Name: PLATINUM PHYSIQUE L.L.C.

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

314 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

4205 ROYAL OAK DRIVE  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

314 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

4205 ROYAL OAK DRIVE  
PALM BEACH GARDENS, FL 33410

FEI Number: 34-1984657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVE. NORTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID N. WILLIAMS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REID, ALIDA J MS.  
Address: 314 SOUTH DIXIE HWY  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REID, ALIDA J MS.  
Address: 4205 ROYAL OAK DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALIDA J. REID

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date