

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000032658

Entity Name: SHAPE-U-UP, LLC

FILED
Nov 08, 2005
Secretary of State

Current Principal Place of Business:

530 S.W. 168 AVE
WESTON, FL 33326

New Principal Place of Business:

348 LAKESIDE COURT
SUNRISE, FL 33326

Current Mailing Address:

530 S.W. 168 AVE
WESTON, FL 33326

New Mailing Address:

348 LAKESIDE COURT
SUNRISE, FL 33326

FEI Number: 20-1082185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, ALISON P
2800 PONCE DE LEON BLVD, STE 1125
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALISON, HERMAN P
2800 PONCE DEW LEON BLVD
SUITE # 1125
CORAL GABLES, FL 333134 US

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: ALISON HERMAN

11/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PDTE () Change (X) Addition
Name: SANDOVAL, DAVID E
Address: 348 LAKESIDE COURT
City-St-Zip: SUNRISE, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID E SANDOVAL

MR.

11/08/2005

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