

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000078675

1. Entity Name
ACHIEVE FITNESS LLC



Principal Place of Business
595 WEST CHURCH STREET
ORLANDO, FL 32805

Mailing Address
595 WEST CHURCH STREET
ORLANDO, FL 32805

2. Principal Place of Business - No P.O. Box #
111 N. Longwood Street

Suite, Apt. #, etc.
101

3. Mailing Address
111 N. Longwood Street

Suite, Apt. #, etc.
101

City & State
Longwood, Florida

City & State
Longwood, Florida

Zip
32750

Zip
32750

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

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

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

| | | | | | |
|--|---|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR AGO, DINO 595 WEST CHURCH STREET ORLANDO, FL 32805 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Ago, Dino 111 N. Longwood Street, #101 Longwood, Florida 32750 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 00001000713250 08/08/07--0100--023 \$100.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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.

Dino Ago

8/13/07

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
07 AUG 21 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

