

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
 2008 NOV 12 P 2:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000040447</b> 1. Entity Name <b>POSH PILATES, LLC</b>					
Principal Place of Business <b>5152 PHEASANT WOODS DRIVE LUTZ, FL 33558</b>			Mailing Address <b>5152 PHEASANT WOODS DRIVE LUTZ, FL 33558</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		10272008 REIN-LLC CR2E101 (1/07)	
4. FEI Number <b>20-4786342</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>	
7. Name and Address of New Registered Agent Name <b>Sylvia Chicopanich</b> Street Address (P.O. Box Number is Not Acceptable) <b>5152 Pheasant Woods Dr.</b> City <b>Lutz</b> FL Zip Code <b>33558</b>				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 <b>11/3/08</b> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIEOPANICH, SYLVIA 5152 PHEASANT WOODS DRIVE LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHIEOPANICH, SYLVIA 5152 PHEASANT WOODS DRIVE LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <b>2008</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <b>2008</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <b>2008</b>	<input type="checkbox"/> Delete			
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 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:				<b>11/3/08 813-785-4750</b> <small>Date Daytime Phone #</small>	