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Division of Corporations
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From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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Email Address: ttimmerman@slk-law.com

16 OCT 28 PM 3:29
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
LIFE FIT TESTING, LLC

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H16000247903 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000071653

1. Limited Liability Company's Name
Life Fit Testing, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12464 Indian Rocks Road	12464 Indian Rocks Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, Florida	City & State: Largo, Florida
Zip: 33774 Country: USA	Zip: 33774 Country: USA

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 07/18/2006

6. FEI Number: 37-1538210 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for certificate of status

8. Name and Address of Current Registered Agent

Name: J. Todd Timmerman

Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd., Suite 2800

Apt. #, Etc.:

City: Tampa, State: FL Zip Code: 33602

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 10/5/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Elif Fitzgerald	12464 Indian Rocks Road	Largo, Florida 33774

REINSTATEMENT
2014-2016

11. E-mail Address: tlmmerman@slk-law.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: _____ Date: 10/5/16 Daytime Phone #: 727-596-5446

Typed or printed name of signing authorized representative/member: Elif Fitzgerald

H16000247903 3

S. HAWKES
OCT 28 A.M.
EXAMINER