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To:

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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: ttimmerman@slk-law.com

**LIMITED LIABILITY REINSTATEMENT
LIFE FIT TESTING, LLC**

Certificate of Status	1
Certified Copy	0
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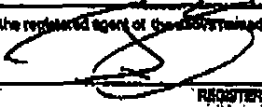
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OCT 28 AM 11:40

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					
2. Principal Office Address - No P.O. Box # 12464 Indian Rocks Road			3. Mailing Office Address 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 07/18/2008	
				6. FEI Number 37-1538210	Applied For Not Applicable
				7. CERTIFICATE OF STATUS DESIRED ☒ See Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent					
Name J. Todd Timmerman					
Street Address (P.O. Box Number is Not Acceptable) Suite, 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: ttimmerman@elk-law.com					
(To be used for future annual report notifications)					
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. 817.165, F.S.					
Signature of authorized representative/manager 				Date 10/5/16 Daytime Phone # 727-598-5446	
Typed or printed name of signing authorized representative/member Elif Fitzgerald					

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S. HAWKES

OCT 28 A.M.

EXAMINED