


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
2008 NOV 26 P 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000006764			
1. Entity Name MATCHFIT, LLC			
Principal Place of Business 741 COACHLIGHT DR. FERN PARK, FL 32730		Mailing Address 741 COACHLIGHT DR. FERN PARK, FL 32730	
2. Principal Place of Business - No P.O. Box # 9024 SHAWN PARK PLACE		3. Mailing Address 9024 SHAWN PARK PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FLORIDA		City & State ORLANDO FLORIDA	
Zip 32819		Zip 32819	
Country USA		Country USA	
4. FEI Number 20-8255544		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 MCCLAY, JONATHAN 741 COACHLIGHT DRIVE FERN PARK, FL 32730		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <u>Jonathan McClay</u>		DATE <u>11/13/08</u>	
Signature typed or printed name of registered agent and fee payable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50		Fees, charges and penalties to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONATHAN, MCCLAY 1949 LANIER COURT WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONATHAN MCCLAY 3774 PARKROCK CIRCLE, SARASOTA FL 34243 <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	<input 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	<input 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	900138129889 11/20/08--01014--007 **238.75 <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jonathan McClay</u>		DATE <u>11/13/08</u> 941-538-1201	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #	



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

**October 16, 2008**

**BRENDAN KELLY  
9024 SHAWN PARK PLACE  
ORLANDO, FL 32819**

**SUBJECT: MATCHFITT, LLC  
Ref. Number: L07000006764**

**We have received your document for MATCHFITT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):**

**Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.**

**Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.**

**If you have any questions concerning the filing of your document, please call (850) 245-6967.**

**Leslie Sellers  
Regulatory Specialist II**

**Letter Number: 808A00054009**