

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 MAR -8 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

2139373

1. Limited Liability Company's Name

LO7000072155

Anytime Fitness of Vero Beach LLC

100197154801
03/08/11--01041--009 **377.50

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

755 27th Ave.

Suite, Apt. #, etc.

SW Suite 5

City & State

Vero Beach, FL

Zip

32968

Country

Indian River

3. Mailing Office Address

Suite, Apt. #, etc.

815 17th Ave.

City & State

Vero Beach, FL

Zip

32960

Country

Indian River

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

Signature SNL@aol.com
(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Joseph B. Zito

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

815 17th Ave.

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of
Registered Agent

[Signature]

Date 03/02/2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Joseph B. Zito	6602 Coquina Ave	Fort Pierce, FL 34951

REINSTATEMENT
2010-11

J. SAULSBERRY
EXAMINER

MAR 09 2011

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 requirements of section 608.406, 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 Managing
Member/Manager

[Signature]

Date 03/02/2011 Daytime Phone # (772) 370-1113

Typed or printed name of signing Managing Member/Manager