

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

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

E-mail Address:  
signatureSNL@aol.com  
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, 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

J. SAULSBERRY  
EXAMINER  
MAR 09 2011

REINSTATEMENT  
2010-11

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided in Chapter 608, 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