2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# L07000091939

Entity Name: FITNESS PLUS, LLC

Current Principal Place of Business:

2168 LOVER'S LANE
GRAND RIDGE, FL 32442 US

New Principal Place of Business:

1414 MAIN ST
SUITE 5
CHIPLEY, FL 32428 US

Current Mailing Address:

2168 LOVER'S LANE
GRAND RIDGE, FL 32442 US

New Mailing Address:

600 GARRETT ST
BREWTON, AL 36426 US

FEI Number: 26-0875660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DEBRA SKIPPER

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LONG, CHRISTOPHER S
Address: 600 GARRETT ST
City-St-Zip: BREWTON, AL 36426 US

Title: MGRM (X) Delete
Name: DANFORD, CARL R
Address: 2168 LOVER'S LANE
City-St-Zip: GRAND RIDGE, FL 32442 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LONG, CHRISTOPHER S MGRM
Address: 600 GARRETT ST
City-St-Zip: BREWTON, AL 36426 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER S LONG MGRM 10/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date