

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000123663

FILED
Dec 15, 2009
Secretary of State

Entity Name: VIDA FITNESS, LLC.

Current Principal Place of Business:

609 PARADISE CT
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

609 PARADISE CT
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 77-0707427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

REYNOLDS, JASON
609 PARADISE CT
ATLANTIC BEACH, FL 32233 US

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: JASON REYNOLDS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REYNOLDS, JASON
Address: 609 PARADISE CT
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGRM () Delete
Name: KEITH, SEAN
Address: 2242 A 1ST AVE
City-St-Zip: FERNADINA BEACH, FL 32034 US

Title: MGRM () Delete
Name: REYNOLDS, JACK
Address: 1601 LYNNDALE CT
City-St-Zip: BEL AIR, MD 21014 US

ADDITIONS/CHANGES:

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

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

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: JASON REYNOLDS

MGRM

12/15/2009

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