

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000091327

**FILED**  
**Nov 19, 2010**  
**Secretary of State**

**Entity Name:** APALACHICOLA FITNESS CENTER, LLC

**Current Principal Place of Business:**

45 AVENUE D  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 9  
APALACHICOLA, FL 32329

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ARNOLD, HARRY K  
169 WATER STREET  
APALACHICOLA, FL 32320 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: HARRY K ARNOLD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARNOLD, HARRY K  
Address: POST OFFICE BOX 9  
City-St-Zip: APALACHICOLA, FL 32329

Title: MGRM  
Name: ARNOLD, LINDA M  
Address: POST OFFICE BOX 9  
City-St-Zip: APALACHICOLA, FL 32329

I hereby 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: HARRY K ARNOLD

MGRM

11/19/2010

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