

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 14 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000102078

1. Limited Liability Company's Name

OLD TOWN FITNESS

400161663954
10/13/09--01067--009 **138.75
CR2E041 (10/08)

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

1010 Truman Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1010 Truman Ave.

Suite, Apt. #, etc.

City & State

Key West, Florida

Zip

33040

Country

U.S.A.

City & State

Key West, Florida

Zip

33040

Country

U.S.A.

4. State/Country of Formation

Florida - U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

10-30-08

6. FEI Number

80-0292906

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

Courtney P. Aman

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

1010 Truman Ave.

Suite, Apt. #, Etc.

City

Key West,

State

FL

Zip Code

33040

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

C. Aman

Date 10-9-09

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
OWNER MEM	Courtney P. Aman	822 Sawyer Ln.	Key West, Fl. 33040

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REINSTATEMENT 2009 JB

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

Signature of
Managing Member/Manager

C. Aman

Date 10-9-09

Daytime Phone #

305-923-1240

Typed or printed name of signing Managing Member/Manager

Courtney P. Aman