

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

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

DOCUMENT # L08000102078

1. Limited Liability Company's Name

OLD TOWN FITNESS

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<br>MEMBER | Courtney P. Aman                  | 822 Sawyer Ln.                                 | Key West, Fl. 33040 |
|                 |                                   |  |                     |
|                 |                                   |  |                     |
|                 |                                   |  |                     |
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|                 |                                   |  |                     |

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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