

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 JAN 14 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000055458

1. Limited Liability Company's Name

Vibe Fit Club LLC

100189512761
01/04/11--01070--015 **238.75

CR2E041 (05/10)

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

3689 Tampa Rd

Suite, Apt. #, etc.

Suite 305

City & State

Oldsmar, FL

Zip

34677

Country

USA

3. Mailing Office Address

3689 Tampa Rd

Suite, Apt. #, etc.

Suite 305

City & State

Oldsmar, FL

Zip

34677

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/18/2009

6. FEI Number

NONE

☒ 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

STUART, Joseph S

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

202 Windward Passage

Suite, Apt. #, Etc.

Ste. 502

City

Clearwater Beach

State

FL

Zip Code

33767

01/18/11--01002--007 **138.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/7/11
J. SAULSBERRY
EXAMINER

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
MGRM	Joseph Steverson	1112 Michigan Blvd Dunedin, FL 34698	Dunedin FL 34698
MGRM	Nabilah Shamseddin	1112 Michigan Blvd	Dunedin FL 34698
MGRM	Theresa Depasquale	1908 Paw Paw	Trinity FL 34655
MGRM	Vinny Depasquale	1908 Paw Paw	Trinity FL 34655

REINSTATEMENT

2010-2011

11. E-mail Address:

vibe@vibefitclub.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

12/29/10

Daytime Phone #

813-448-2220

Typed or printed name of signing Managing Member/Manager