

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 FEB 16 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000101021

1. Limited Liability Company's Name

4U Fitness, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 4036 W Kennedy Blvd Suite, Apt. #, etc.		3. Mailing Office Address 2025 Sylvester Rd Suite, Apt. #, etc. #C3	
City & State Tampa, Florida Zip 33609 Country USA		City & State Lakeland, Florida Zip 33803 Country USA	

4. State/Country of Formation Florida/USA
5. Date Organized or Qualified To Do Business in Florida 10/19/2009
6. FEI Number 36-4667240
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent			
Name Meghan Hoefft			
Street Address (P.O. Box Number is Not Acceptable) 2025 Sylvester Rd			
Suite, Apt. #, Etc. #C3			
City Lakeland	State FL	Zip Code 33803	

E-mail Address: meggie@4u-fitness.com
(To be used for future annual report notices)

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 Meghan Hoefft Date 2/15/12

REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Meghan Hoefft	2025 Sylvester Rd #C3	Lakeland, FL 33803
REINSTATEMENT			
11-12 Ge 2-17-12			

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02/03/12--01022--005 **25.00
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02/15/12--01012--011 **332.50

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager Meghan Hoefft Date 2/15/12 Daytime Phone # 813-843-8582

Typed or printed name of signing Managing Member/Manager Meghan Hoefft