

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 14 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-120001-12576

1. Limited Liability Company's Name

Gabriel Lamas Fitness LLC

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

5829 SW 73rd St

Suite, Apt. #, etc.

Suite 2

City & State

South Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

"

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

CR2ED41 (1/14)

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

11/13/2012

6. FEI Number

46-1373799

☒ 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

Gabriel Lamas

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

2263 Douglas Road

Apt. #, Etc.

Apt #837

City

Coral Gables

State

FL

Zip Code

33145

600280035766
12/14/15--01035--004 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date 12/7/15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Gabriel Lamas	2263 Douglas Road #837	Coral Gables, FL 33145

11. E-mail Address:

GABELAMAS@FITNESSTOGETHER.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of Section 605.0012, 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.