LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT 31 PM 4:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L13000128918

1. Limited Liability Company's Name
CORE TO CORE FITNESS TRAINING, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5020 Tamiami Trail N		5020 Tamiami Trail N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 102		Suite 102	
City & State		City & State	
Naples, FL		Naples, FL	
Zip	Country	Zip	Country
34103	US	34103	US

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 9-12-13

6. FEI Number
46-3688337
☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	32301

300266081973

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 [signature] Courtney Williams Asst Vice President
REGISTERED AGENT'S NAME & TITLE

Date 10/31/14

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
MRG	Rebecca F. L. Elliott	5020 Tamiami Trail N, Suite 102	Naples, FL 34103
MRG	Michael R. Elliott	5020 Tamiami Trail N, Suite 102	Naples, FL 34103
	REINSTATEMENT	OCT 31 2014	
		R. HUNT	

11. E-mail Address: Rebecca@naplescoretocore.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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager [signature] Rebecca F. L. Elliott Date 10/28/14 Daytime Phone # 239-290-5020

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 350081 7955680

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 24, 2014

ORDER TIME : 2:10 PM

ORDER NO. : 350081-010

CUSTOMER NO: 7955680

2014 OCT 31 P 4:36

DOMESTIC FILINGS

NAME: CORE TO CORE FITNESS TRAINING, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935 OCT 31 2014

EXAMINER'S INITIALS R. HUNT