

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 MAY 15 PM 12:03

DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000138089

1. Limited Liability Company's Name
MOMENTUM FITNESS, LLC

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

c/o Douglas E. Dickinson

Suite, Apt. #, etc.

1147 Apalachee Parkway

City & State

Tallahassee, Florida

Zip

32301-4541

Country

USA

3. Mailing Office Address

c/o Douglas E. Dickinson

Suite, Apt. #, etc.

1147 Apalachee Parkway

City & State

Tallahassee, Florida

Zip

32301-4541

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 09/30/2013

6. FEI Number

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

Ausley & McMullen, P.A., Attention: Robert A. Pierce, Esq.

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

123 South Calhoun Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

500272990855
05/15/15--01005--020 **377.50

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

Robert A. Pierce

Date 05/11/2015

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
AMBR	Douglas E. Dickinson	1147 Apalachee Parkway	Tallahassee, FL 32301-4541
			S. HAWKES
			MAY 15 AM
			EXAMINER

11. E-mail Address: dougd54@aol.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.

Signature of authorized representative/member

Date

12-14-15

Daytime Phone #

850-545-7815

Typed or printed name of signing authorized representative/member

Douglas E. Dickinson, Authorized Member