PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

18 FEB 2 PM 6:01

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

900308751669

LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L15000025872

1. Limited Liability Company's Name
DGG FITNESS MANAGEMENT LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
236 Ruby Lake Lane	236 Ruby Lake Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33884 Country: USA	Zip: 33884 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/11/15

6. FEI Number: 46-5060491 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Christine Kelm Assistant Secretary Date: 2/1/2018

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
MGR	David G. Gurnsey	236 Ruby Lake Lane	Winter Haven, FL 33884
AR	Anne W. Gurnsey	245 Park Avenue, 39th Floor	New York, NY 10167
			FEB 02 2018
			C. CARROTHERS

11. E-mail Address: dgurnsey@gmail.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: Date: 1/26/18 Daytime Phone #: (212) 254-0229

Typed or printed name of signing Authorized Representative/Manager: Anne W. Gurnsey

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CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 2/2/18

Acc#I20160000072

Name:	DGG Fitness Management, LLC
Document #:	
Order #:	10806220

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: (Certified:) Plain: COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 546.25

RECEIVED
DEPARTMENT OF STATE
18 FEB -2 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you!