

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98-1789

1. Limited Liability Company's Name

Exercise of America LLC

2. Principal Office Address

5800 US Hwy 17-92
Suite, Apt. #, etc. N/A

3. Mailing Office Address

5800 US Hwy 17-92
Suite, Apt. #, etc. N/A

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ DOMESTIC ☐ FOREIGN

City & State

Casselberry FL

City & State

Casselberry FL

Zip

32707

Country

U.S.A.

Zip

Country

8. Name and Address of Current Registered Agent

Name

James R. Hodges / Richard H. Adams

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

5800 US Hwy 17-92

Suite, Apt. #, Etc.

City

Casselberry FL 32707

State

FL

Zip Code

32707

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

James R. Hodges

REGISTERED AGENT MUST SIGN

Date

12/10/99

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	James R. Hodges	5800 US Hwy 17-92	Casselberry FL 32707
V.P.	Richard H. Adams	"	"

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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.

Signature of
Managing Member/Manager

James R. Hodges

Date

12/10/99

Daytime Phone #

407 834 3554

Typed or printed name of signing Managing Member/Manager