

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State

FILED

1. DOCUMENT # L99000003857

Name and Mailing Address

02 NOV 20 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0004643 01 FP 0,352 \*\*PRSR T4 0 0615 33469-307525



INERGI FITNESS FLORIDA L.L.C.  
304 TEQUESTA DRIVE, SUITE 100  
TEQUESTA FL 33469-3075



CR2E084 (8/02)

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> Principal Place of Business 304 TEQUESTA DRIVE, SUITE 100 TEQUESTA FL 33469 City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 06/22/1999	
<b>6. FEI Number</b> 65-0942597		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> BERMAN, RONALD J 304 TEQUESTA DRIVE, SUITE 100 TEQUESTA FL 33469		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 100008716981 10/31/02--01014--001 **150.00 City FL Zip Code	
<b>10. 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.</b> Signature of Registered Agent <u>RJ Berman</u> Date <u>11/14/02</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HICKEY, THOMAS J	304 TEQUESTA DRIVE, SUITE 100	TEQUESTA FL 33469
MGRM	BERMAN, RONALD J	304 TEQUESTA DRIVE, SUITE 100	TEQUESTA FL 33469

**12. 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 RJ Berman

Date 10/23/02

Daytime Phone # 561-745-0773

Typed or printed name of signing Managing Member/Manager