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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPROVED  
AND  
FILED

03 OCT 22 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000003857

Name and Mailing Address

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



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/22/1999	
Principal Place of Business 304 TEQUESTA DRIVE, SUITE 100 TEQUESTA FL 33469	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0942597	Applied For Not Applicable
8. Name and Address of Current Registered Agent BERMAN, RONALD J 304 TEQUESTA DRIVE, SUITE 100 TEQUESTA FL 33469		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
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. Signature of Registered Agent <i>R. Berman</i> <b>SIGNATURE REQUIRED</b> <i>10-16-03</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
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
100024001651 10/22/03--01013--015 **150.00			
<b>REINSTATEMENT</b> <i>JB</i>			

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 *R. Berman* **SIGNATURE REQUIRED**

Date 10-16-03

Daytime Phone # 561-745-0773

ext. 103

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)