

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 10 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L99000006395
Name and Mailing Address

0005488 01 AT 0.292 **AUTO T2 2 0615 33071-782803



POWER PLAY FITNESS LTD. CO.
12003 GLENMORE DR
CORAL SPRINGS FL 33071-7828

RECEIVED



2/10 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/05/1999	
Principal Place of Business 12003 GLENMORE DR CORAL SPRINGS FL 33071	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0952185	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent EMANUELE, MARK A 3600 NORTH FEDERAL HIGHWAY, THIRD FLOOR FORT LAUDERDALE FL 33308	9. Name and Address of New Registered Agent Name <u>IAN B. PYKA</u> Street Address (P.O. Box Number is Not Acceptable) <u>12003 GLENMORE DRIVE</u> <u>CORAL SPRINGS, FL 33071</u> City <u>FL</u> Zip Code
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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 *IAN B. PYKA* **SIGNATURE REQUIRED** Date 2-6-04
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	PYKA, IAN	12003 GLENMORE DR	CORAL SPRINGS FL 33071

90002854479
02/11/04--01017--002 **200.00

REINSTATEMENT

2003-
2004

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 *IAN B. PYKA* **SIGNATURE REQUIRED** Date 2-6-04 Daytime Phone # (954) 713-8610

Typed or printed name of signing Managing Member/Manager

CR2EC84 (7/03)