

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 JAN 19 AM 9:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001124

1. Limited Liability Company's Name

Fitness Forum Services, LLC

2. Principal Office Address

231 Walton Street

Suite, Apt. #, etc.

Suite 200

City & State

Syracuse, NY

Zip

13202

Country

USA

3. Mailing Office Address

231 Walton Street

Suite, Apt. #, etc.

Suite 200

City & State

Syracuse, NY

Zip

13202

Country

USA

4. State/Country of Formation

New York

**5. Date Organized or Qualified
To Do Business in Florida**

5/16/01

6. FEI Number

16-1506400

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

UCC Filing & Search Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Alison Hand

Date 1/19/05

REGISTERED AGENT MUST SIGN

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
MGR	James H. Smith	6021 Singletree Lane	Jamesville, NY 13078
MGR	Mark Eagan	1477 County Route 9	Fulton, NY 13069
MGR	Patrick Jones	380 Cemetery Road	Oswego, NY 13126
MGR	David Slivka	72 Chaucer Circle	Baldwinsville, NY 13027

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 H. Smith

Date

1/19/05

Daytime Phone #

315-477-0888

Typed or printed name of signing Managing Member/Manager

James H. Smith, Manager

L13 716

CR2041 (10/02)