2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M69614							The same of the sa	J		
_1_Entity Name COLLEGE PARK GYM, INC.							8 JUL -7 PMI			
Principal Plac	e of Busines	·	Mailing Address	·	CO 11.10	<u>ن</u> ز. ا	CURLIARY OF S LLAHASSEE, F	STATE LORIDA		
1311 EDGEV ORLANDO, F	VATER DR.	US	1216 EDGEWATER DR. ORLANDO, FL 32804 US			1741	CEMINADORE:	LOMBA		
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Addres	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04222	INSTATEN	67,00 0 8 (1/07)	07-08	
City & State			City & State			4. FEI Numb		 	oplied For ot Applicable	
Zip		Country	Zip	Cou	ntry	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require		
	6. Name	and Address of Curren	t Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent					
CLARK, JE	FFF'R				Name					
105 E. RO	BINSON S	ST.			Street Address	s (P.O. Box Numb	er is Not Acceptable)			
SUITE 301 ORLANDO, FL 32801										
012 1120, 12 02001					City			FL Zip Cod	le	
8. The above	named enth	v submits the statement	or the purpose of char	aina its reaistei	red office or regist	tered agent, or bo	oth in the State of Florida	· —	and accept	
the obligations of registere capabit										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
FILE NOWIII FEE IS \$900,00										
10.	Υ	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME	P GORDY.	BRLICE C	☐ Dele	ete Titi.				Change	☐ Addition	
STREET ADDRESS					REET ADDRESS	000129678400 05/16/0801024018 **750.00				
CITY-ST-ZIP		O, FL 32804	<u></u>		Y-ST-ZIP			010 **100.	. 50	
TITLE NAME				ete Tite Naa	I			Change	☐ Addition	
STREET ADDRESS					REET ADDRESS					
CITY-ST-ZIP	ORLAND	O, FL 32804			Y-ST-ZIP					
TITLE NAME	MCCALL,	GARY	L. Dele	ete TITL NAA				☐ Change	☐ Addition	
STREET ADDRESS					EET ADDRESS	(<u>)</u> ()	000129678400 05/16/0801024019 **150.00			
CITY-ST-ZIP	ORLAND	O, FL 32804			Y-ST-ZIP	U5/16	0/U8==U1U24=~(
title Name			☐ Dele	ete titl Nan				☐ Change	Addition	
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CITY-ST-ZIP				·	Y-ST-ZIP					
NAME			☐ Dele	NAM				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS					
TITLE			Dele		Y-ST-ZIP			☐ Change	☐ Addition	
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS					
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information										
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trusted empered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attack ment with all other like empowered.										
My H 1 10 1 Very C M. Cu. 412-68 407 423-0446										
SIGNAT	URE://	SIGNATURE AND TYPE OF	PRINTED NAME OF SIGNING			Melitu				
		ANIMATURE AND TYPED OR	TRAFFIED HAME OF SIGNING	OFFICER OR DIREC	- IOR		Date	Daytime Phone #		