

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000095721

**FILED**  
**Dec 03, 2014**  
**Secretary of State**

**Entity Name:** MAINE FITNESS MANAGEMENT INC.

**Current Principal Place of Business:**

610 N NAVY BLVD  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

17 LINDEN ROAD  
HAMPTON FALLS, NH 03844

**New Mailing Address:**

**FEI Number:** 59-3674570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAUCLAN, ALEX  
17 LINDEN ROAD  
HAMPTON FALLS, FL 03844 US

**Name and Address of New Registered Agent:**

LAUCLAN, ALEX  
610 N. NAVY BLVD.  
PENSACOLA, FL 32507 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: /S/ ALEX LAUCLAN

12/03/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LAUCLAN, ALEX  
Address: 17 LINDEN ROAD  
City-St-Zip: HAMPTON FALLS, NH 03844

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: /S/ ALEX LAUCLAN

PRES

12/03/2014

Electronic Signature of Signing Officer or Director

Date