PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 18 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-09

DOCUMENT # P01000017855

1. Corporation Name
FIRST IN FITNESS III

2. Principal Office Address	**3.** Mailing Office Address
10950 San Jose Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State
Zip: 32223 Country: DUVAL	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/1/01

5. FEI Number: 63-1270103 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jeffrey D Connors

Street Address (P.O. Box Number is Not Acceptable): 10950 San Jose Blvd.

500014452335
03/24/03--01088--003 **100.00

Suite, Apt. #, Etc.

City: Jacksonville | State: FL | Zip Code: 32223

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 3/10/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Harry Dodich	5305 Oak Bend Ct.	Mobile AL 36609
V Pres	R. Glenn Crowley	2478 Ashbury Place	Mobile AL 36693
Sec.	Jeffrey D. Connors	6000 Ironwood Dr	Fort Vedra 32082

800016229868
04/17/03--01097--015 **600.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ 3/10/03 904-477-5557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 4/18