


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000101618			
1. Entity Name FITREK MIAMI, INC.			
Principal Place of Business <i>New</i> ↓		Mailing Address <i>NEW</i> ↓	
2. Principal Place of Business 535 29TH ST Suite, Apt. #, etc.		3. Mailing Address 535 29TH ST Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL Zip 33140 Country USA		City & State MIAMI BEACH, FL Zip 33140 Country USA	
4. FEI Number 65-1158442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEITHORN, J. DEEDE 1160 72 AVE #760 MIAMI, FL 33128		7. Name and Address of New Registered Agent Name DAN BARRETT Street Address (P.O. Box Number is Not Acceptable) 535 29TH ST City MIAMI BEACH FL Zip Code 33140	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE 9/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARRETT, BEVERLY 16621 ALLNUIT LANE BURTONSVILLE, MD 20866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200080388512 10/03/06--01028--009 **300.00
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 or trustee empowered 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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*