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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000009077

1. Limited Liability Company's Name

IMPACT FITNESS CLINIC, INC.

700041814457
10/12/04--01035--001 **300.00

2. Principal Office Address 10530-10540 LAKE ST. CHARLES BLVD		3. Mailing Office Address -- 10530-10540 LAKE ST. CHARLES BLVD	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State RIVERVIEW, FLORIDA		City & State RIVERVIEW, FLORIDA	
Zip 33569	Country	Zip 33569	Country

REINSTATEMENT

03-09

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 01/18/2002	
6. FEI Number 030380212	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 MIKE MCDERMOTT, 25Q.		
Street Address (P.O. Box Number is Not Acceptable) 791 WEST LUMSDEN ROAD		
Suits, Apt. #, Etc.		
City BRANDON	State FL	Zip Code 33511

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	Date Oct. 1. 2004
REGISTERED AGENT MUST SIGN <i>MIKE MCDERMOTT</i>	

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	STEPHEN T. PARKS	10530-10540 LAKE ST. CHARLES BLVD	RIVERVIEW, FLORIDA 33569
VP	BRIAN SKUSA	10530-10540 LAKE ST. CHARLES BLVD	RIVERVIEW, FLORIDA 33569

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 608.408, 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	Date 10/1/04	Daytime Phone # (931) 265-7474	
Typed or printed name of signing Managing Member/Manager STEPHEN T. PARKS			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 of 2

DATE: 09/21/2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

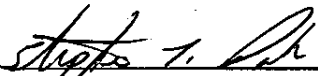
FROM: STEPHEN T. PARKS
IMPACT FITNESS CLINIC, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY
MAIL.

PLEASE FILE OUR ANNUAL REPORT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 813-741-1404.

THANKS,



STEPHEN T. PARKS, PRESIDENT
IMPACT FITNESS CLINIC, INC.