FILED 1 of 2

04 OCT -8 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

REINSTATEMENT 03-04

DOCUMENT # P02000009077

1. Limited Liability Company's Name
IMPACT FITNESS CLINIC, INC.

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

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

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, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 791 WEST LUMSDEN ROAD
Suite, 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 [signature] REGISTERED AGENT MUST SIGN MIKE MCDERMOTT PRES. Date Oct. 1. 2004

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	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 608.406, 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 [signature] Date 9/01/04 Daytime Phone# (813) ~~3055~~ 741-1404

Typed or printed name of signing Managing Member/Manager STEPHEN T. PARKS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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