

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000014536

**FILED**  
**Sep 30, 2011**  
**Secretary of State**

**Entity Name:** COMPASS HEALTH & FITNESS, INC.

**Current Principal Place of Business:**

524 SO. PINE AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

524 SOUTH PINE AVENUE  
OCALA, FL 34471

**Current Mailing Address:**

815 SO. PINE AVENUE  
OCALA, FL 34471

**New Mailing Address:**

524 SOUTH PINE AVENUE  
OCALA, FL 34471

**FEI Number:** 04-3606635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POTTER-LEVANE, MARGARET  
815 SO. PINE AVENUE  
OCALA, FL 34471 US

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

HELD & ISRAEL  
6320 ST. AUGUSTINE ROAD  
SUITE 2  
JACKSONVILLE, FL 32217 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: KIMBERLY H. ISRAEL, ESQ.

09/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: FARKAS, LEE  
Address: 524 SOUTH PINE AVENUE  
City-St-Zip: Ocala, FL 34471

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: LEE FARKAS

DS

09/30/2011

Electronic Signature of Signing Officer or Director

Date