

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000080349

1. Entity Name
FIT FACTOR, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -1 PM 3: 50

REINSTATEMENT 06



11292006 REIN-P CR2E098 (11/05)

4. FEI Number
45-0483217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRANTALIS, DEAN J ESQ.
2255 WILTON DRIVE
WILTON MANORS, FL 33305

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 obligation of registered agent.

SIGNATURE *Dean J. Trantalis* *11/29/06*
Signature of the registered agent and the entity, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARN, JAMES P III	
STREET ADDRESS	1320 N.E. 16TH AVENUE	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSTON, MICHAEL K	
STREET ADDRESS	715 N.E. 19TH AVENUE	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33304	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOLINARI, TYLER R	
STREET ADDRESS	805 N. VICTORIA PARK ROAD	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600082209436
CITY - ST - ZIP	12/01/06--01040--010 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *James P Harn* *11/29/06* *James P Harn 954-522-5250*
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone