



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000089340 1. Entity Name AMBIANCE HEALTH & FITNESS, INC.						FILED 2007 JAN 23 PM 2:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9047 BAYOU DRIVE TAMPA, FL 33635				Mailing Address 9047 BAYOU DRIVE TAMPA, FL 33635			
2. Principal Place of Business - No P.O. Box # 8805 Adkins Ct		3. Mailing Address 8805 Adkins Ct					
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102					
City & State Tampa, FL		City & State Tampa, FL					
Zip 33615		Country USA		Zip 33615		Country USA	
4. FEI Number 16-1626169				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 SIVYER, NEAL A 100 S ASHLEY DR STE 2150 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Ameet Punwani Street Address (P.O. Box Number is Not Acceptable) 30632 Iverson Dr. City Wesley Chapel, FL Zip Code 33513			
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable</small>				(NOTE: Registered Agent signature required when reinstating) Ameet Punwani (Registered Agent)			
DATE 1/15/07				DATE _____			
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 <input type="checkbox"/> Delete ABAWI, WAHID 5705 N TALIRFERRO AVE TAMPA, FL 33604			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400086467924 01/30/07--01003--028 **300.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete KINCER, WILLIAM 9047 BAYOU DR TAMPA, FL 33635			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1/15/07			