## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000126717

Entity Name: PILATES OF WESTON, INC

694 VISTA MEADOWS DRIVE

WESTON, FL 33327

Address: City-St-Zip:

FILED May 13, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2600 GLADES CIR STE 300 WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 2600 GLADES CIR STE 300 WESTON, FL 33327 FEI Number: 82-0574181 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ECHEVERRY, ANGELA ECHEVERRY, LUISA 694 VISTA MÉADOWS DRIVE 2600 GLADES CIRCLE, SUITE #300 WESTON, FL 33327 WESTON, FL 33327 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: LUISA ECHEVERRY 05/13/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ECHEVERRY, MARIA Name: Name: 1361 MAJESTY TERRACE Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: Title: () Change () Addition () Delete ECHEVERRY, LUISA Name: Name: 1622 SWEETGUM TERRACE Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: Title: S.D ( ) Delete () Change () Addition ECHEVERRY, ANGELA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LUISA ECHEVERRY 05/13/2008 Τ