


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 14 PM 4:38

DOCUMENT # P03000018180		
1. Entity Name SUNSET PILATES FITNESS, INC.		

Principal Place of Business 223 SUNSET RD, STE 160 PALM BEACH, FL 33480	Mailing Address 223 SUNSET RD, STE 160 PALM BEACH, FL 33480
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 04-05

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03022005 REIN-P CR2E098 (6/04)

4. FEI Number 35-2201384	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIMEHOUSE, ALYSON G 223 SUNSET RD, STE 160 PALM BEACH, FL 33480		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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	Delete		TITLE		Change Addition	
NAME	LIMEHOUSE, ALYSON G			NAME			
STREET ADDRESS	223 SUNSET RD, STE 160			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP			
TITLE		Delete		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____	3-9-05 561-820-9184
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>