

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000118716

1. Entity Name
RHYTHM FITNESS INC.



FILED

05 MAY -9 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
260 LORAIN DR, APT 328
ALTAMONTE SPRINGS, FL 32714

Mailing Address
260 LORAIN DR, APT 328
ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business

3. Mailing Address

571

02092005 REINSTATEMENT 04-05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PB Box 520242

573 Calibre Crest Pkwy, Apt. 260

City & State

City & State

Longwood, FL

Altamonte Springs, FL

4. FEI Number

20-6352906

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTORANA, DAMIAN
260 LORAIN DR, APT 328
ALTAMONTE SPRINGS, FL 32714

Name *Damian Martorana*

Street Address (P.O. Box Number is Not Acceptable)

573 Calibre Crest Pkwy Apt. 260

City *Altamonte Springs*

FL

Zip Code
32714

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/05

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MARTORANA, DAMIAN
260 LORAIN DR, APT 328
ALTAMONTE SPRINGS, FL 32714 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800054683948
05/17/05--01057--019 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MARTORANA, DAMIAN
573 CALIBRE CREST PKWY, APT. 260
ALTAMONTE SPRINGS, FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1/35/13
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05
Date

Daytime Phone #

4-1-05

Attn: Division of Corporations

This letter states that I did not receive a notification for renewal for corporate status of 2004 or the annual report notice for 2004. I ask that the reinstatement fee be waved because I did not receive any notices. Enclose is a check for 2004 and 2005 totaling \$300.

Thank you,
Damian Martorana
President
Rhythm Fitness, Inc.