

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000153893

Entity Name: LOOK FIT, INC.

FILED  
Jul 10, 2008  
Secretary of State

## Current Principal Place of Business:

1420 ATLANTIC SHORES BLVD.  
STE # 326  
HALLANDALE, FL 33009

## New Principal Place of Business:

1800 S OCEAN DR  
STE 2605  
HALLANDALE, FL 33009

## Current Mailing Address:

1420 ATLANTIC SHORES BLVD.  
STE # 326  
HALLANDALE, FL 33009

## New Mailing Address:

1800 S OCEAN DR  
STE 2605  
HALLANDALE, FL 33009

FEI Number: 26-2949838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALAZAR, GUSTAVO  
1420 ATLANTIC SHORES BLVD.  
STE # 326  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

ARBOLEDA, PATRICIA  
1800 S OCEAN DR  
STE # 2605  
HALLANDALE, FL 33009 US

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: PATRICIA ARBOLEDA

07/10/2008

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:

Title: PD ( ) Delete  
Name: SALAZAR, GUSTAVO  
Address: 1420 ATLANTIC SHORES BLVD, STE 326  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARBOLEDA, PATRICIA  
Address: 1800 S OCEAN DR STE 2605  
City-St-Zip: HALLANDALE, FL 33009

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.

SIGNATURE: PATRICIA ARBOLEDA

PD

07/10/2008

Electronic Signature of Signing Officer or Director

Date