

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000155120

1. Entity Name
LAKE MARY PRO FITNESS INC



Principal Place of Business
125 MIDDLE STREET
#109
LAKE MARY, FL 32746

Mailing Address
251 BAYOU CIR
DEBARY, FL 32713

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0523466

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

SANDERS, DEBORAH
251 BAYOU CIR
DEBARY, FL 32713

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

This is the second payment of
150.00

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 P
NAME SANDERS, DEBORAH
STREET ADDRESS 251 BAYOU CIR
CITY-ST-ZIP DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300162548533
11/05/09--01044--014 **150.00

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 NOV -5 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09



6/3/09 01022 007 150.00
09042009 REIN-P CR2E098 (1/07)

9/1/09

9/1/09