

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000064433

Entity Name: SAY FITNESS, INC.

FILED
Oct 14, 2005
Secretary of State

Current Principal Place of Business:

6278 NORTH FEDERAL HIGHWAY
SUITE 346
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6278 NORTH FEDERAL HIGHWAY
SUITE 346
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-1025146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B
2021 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: ALAN COHN

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: D () Delete
Name: ASHLEY, MICHAEL A
Address: 6278 NORTH FEDERAL HIGHWAY, SUITE 346
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: ASHLEY, MICHAEL A
Address: 6278 NORTH FEDERAL HIGHWAY, SUITE 346
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL ASHLEY

DPS

10/14/2005

Electronic Signature of Signing Officer or Director

Date