



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000117040 1. Entity Name FITNESS AT HOME INC.				FILED 06 FEB 24 PH 4: 07 JAMES RICHARDS JR. TALLAHASSEE, FLORIDA	
Principal Place of Business 10383 WHITE PINTO CT LAKE WORTH, FL 33467		Mailing Address 10383 WHITE PINTO CT LAKE WORTH, FL 33467			
2. Principal Place of Business 21649 Birch State Parkway Suite, Apt. #, etc.		3. Mailing Address 9858 Glades Rd. Suite, Apt. #, etc. # 236			
City & State Boca Raton Florida		City & State Boca Raton Florida		4. FEI Number 02222006 REIN-P	
Zip 33428		Country FLA Beach USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637-2087		7. Name and Address of New Registered Agent Name James Richards Jr. Street Address (P.O. Box Number is Not Acceptable) 21649 Birch State Parkway City Boca Raton FL Zip Code 33428			
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: <u><i>James Richards Jr</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>2-22-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	D RICHARDS, JAMES JR 10383 WHITE PINTO CT LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richards, James 21649 Birch State Parkway Boca Raton, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>James Richards Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>2-22-06</u> DAYTIME PHONE: <u>561-213-7454</u>		