

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000048203

1. Corporation Name

FITNESS PLUS CENTRAL, INC.

2. Principal Office Address - No P.O. Box #

1799 VELMA DRIVE N

Suite, Apt. #, etc.

City & State

LARGO, FL

Zip

33770

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
16 JUN 23 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2005

5. FEI Number

76-0784500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

CHRISTINE HUGHES

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

873 WEST BAY DRIVE

Suite, Apt. #, Etc.

194

City

LARGO

State

FL

Zip Code

33770

800287244688
06/23/16--01022--026 **1500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Christine Hughes

REGISTERED AGENT MUST SIGN

Date **06/20/2016**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	SUZANNE RILEY	1799 VELMA DRIVE	LARGO, FL 33770
			S. HAWKES
			JUN 24 A.M.
			EXAMINER

10. E-mail Address: **INFO@TAXESTAGSANDTITLES.COM**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **X**

Suzanne D. Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/16

Date

Daytime Phone #

Suzanne Riley
1799 Velma Drive
Largo, FL 33770

Florida Department of State
Division of Corporations
ATTN: Suzanne Hawkes
P O BOX 6327
Tallahassee, FL 32314

7/01/2016


Dear Suzanne,

Enclosed is the Articled of Dissolution paperwork for **Fitness Plus Central, LLC**.
Doc# L15000085182. I have no intentions of revoking the Articles of
Dissolution for this company.

I would like to re-instate **Fitness Plus Central, Inc.** instead. **Doc# P05000048203**.
Enclosed is the signed corporation reinstatement form to do that.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Suzanne Riley', with a stylized flourish at the end.

Suzanne Riley

Enclosure
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