2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000122708

FILED Oct 18, 2006 Secretary of State

Entity Name: TNT GYMNASTICS AND FITNESS COMPLEX INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8693 REEDY BRANCH DR. JACKSONVILLE, FL 32256				2683 ST. JOHNS BLUFF RD. S #107 JACKSONVILLE, FL 32246	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	DY BRANCH I IVILLE, FL 32:		2683 ST. JOHNS BLU JACKSONVILLE, FL		
FEI Number	: 74-3151752	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
3693 REE	, DEVON R DY BRANCH I IVILLE, FL 32:				
	•				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
n the Stat			purpose of changing its registere	d office or registered agent, or both,	
n the Stat	e of Florida. RE: DEVON			ed office or registered agent, or both, Date	
n the State SIGNATUI n accordan	e of Florida. RE: DEVON Electro	EVERETT nic Signature of Registered Ac 93(2)(b), F.S., the corporation did r	gent		
n the State SIGNATUE n accordan Election Cal	e of Florida. RE: DEVON Electro	EVERETT nic Signature of Registered Ac 93(2)(b), F.S., the corporation did r ng Trust Fund Contribution ().	gent not receive the prior notice.		
n the State BIGNATUI n accordan Election Car OFFICER Vitle: Name: Address:	e of Florida. RE: DEVON Electro sce with s. 607.19 mpaign Financin S AND DIREC	EVERETT nic Signature of Registered Ag 93(2)(b), F.S., the corporation did r ng Trust Fund Contribution (). CTORS:) Delete ENISE DINT DR.	gent not receive the prior notice.	Date	
n the State SIGNATUE n accordan Election Cal	e of Florida. RE: DEVON Electro Ge with s. 607.19 mpaign Financin S AND DIRECT P (BRUMSEY, DE 203 PABLO PO JACKSONVILL	EVERETT nic Signature of Registered Ag 93(2)(b), F.S., the corporation did r ng Trust Fund Contribution (). CTORS:) Delete ENISE DINT DR. LE, FL 32225) Delete VON BRANCH DR.	gent not receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the 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: DEVON EVERETT S 10/18/2006