

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000008315

Entity Name: LMSE, INC.

FILED
Oct 29, 2009
Secretary of State

Current Principal Place of Business:

140 FOUNTAIN PARKWAY
SUITE 410
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

140 FOUNTAIN PARKWAY
SUITE 410
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 20-4154255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LIFESTYLE FAMILY FITNESS, INC
140 FOUNTAIN PARKWAY
SUITE 410
ST. PETERSBURG, FL 33716 US

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: JOHN SIMMONS

10/29/2009

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: PD () Delete
Name: DYER, GEOFF
Address: 140 FOUNTAIN PARKWAY SUITE 410
City-St-Zip: ST PETERSBURG, FL 33716

Title: VTSD () Delete
Name: BRIGHT, TODD
Address: 140 FOUNTAIN PARKWAY SUITE 410
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMMONS, JOHN
Address: 140 FOUNTAIN PARKWAY SUITE 410
City-St-Zip: ST PETERSBURG, FL 33716

Title: VTSD (X) Change () Addition
Name: LAFERRIERE, KEVIN
Address: 140 FOUNTAIN PARKWAY SUITE 410
City-St-Zip: ST PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify 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: JOHN SIMMONS

PD

10/29/2009

Electronic Signature of Signing Officer or Director

Date