


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000070686		
1. Entity Name FUNFIT WELLNESS, INC.		

Principal Place of Business 2109 MEADOW GLEN COVE #103 WINTER PARK, FL 32972 4218 Rundle Rd Orlando, FL 32810	Mailing Address 2109 MEADOW GLEN COVE #103 WINTER PARK, FL 32972 4218 Rundle Rd Orlando, FL 32810
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2. Principal Place of Business - No P.O. Box # 4218 Rundle Rd.	3. Mailing Address 4218 Rundle Rd.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
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Zip 32810	Country USA	Zip 32810	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BARRETT, LENNY K 2109 MEADOW GLEN COVE #103 WINTER PARK, FL 32972 4218 Rundle Rd Orlando, FL 32810	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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: Lenny K Barrett, Secretary DATE: 3/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, DAVID E 2109 MEADOW GLEN COVE #103 WINTER PARK, FL 32972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barrett, David E 4218 Rundle Rd Orlando, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, LENNY K 2109 MEADOW GLEN COVE #103 WINTER PARK, FL 32972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barrett, Lenny K 4218 Rundle Rd. Orlando, FL 32810 <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	700122422627 04/07/08--01013--003 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>07/17</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-14-07 96065 023 ***150.00 <input 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
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: Lenny K Barrett, Secretary DATE: 3/30/08 DAYTIME PHONE: 407-782-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
08 APR -7 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08
002008 REINSTATEMENT 07-08

4. FEI Number 20-4920685	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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