2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000112482

Entity Name: ANYTIME FITNESS OF LUTZ IN

FILED Apr 30, 2009 Secretary of State

Entity Nai	me: ANYTIME	FITNESS OF LUTZ, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1850 OAK LUTZ, FL	GROVE BLVD 33559 US				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1831 TINS LUTZ, FL	MITH CIRCLE 33559 US		1850 OAK GROVE B LUTZ, FL 33559 U	LVD JS	
FEI Number:	: 20-5457928	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
LUTZ, FL The above	MITH CIRCLE 33559 US	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: ROBERT	WHITE			
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () WHITE, ROBER 1831 TINSMITH LUTZ, FL 3355	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () WHITE, ELAINE 1831 TINSMITH LUTZ, FL 3355	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT WHITE P 04/30/2009