2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# P07000011944

Entity Name: S.T.A.R. FITNESS AND FUN CAMP, INC.

Current Principal Place of Business:

3100 W. ROLLING HILLS CR. UNIT 503
DAVIE, FL 33328

New Principal Place of Business:

3100 W. ROLLING HILLS CR.
BUILDING #6, UNIT 503
DAVIE, FL 33328

Current Mailing Address:

3100 W. ROLLING HILLS CR. UNIT 503
DAVIE, FL 33328

New Mailing Address:

3100 W. ROLLING HILLS CR.
BUILDING #6, UNIT 503
DAVIE, FL 33328

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOLFE, TRISHIA
3100 W. ROLLING HILLS CR. UNIT 503
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

WOLFE, TRISHIA
3100 W. ROLLING HILLS CR.
BLDG.# 6 UNIT 503
DAVIE, FL 33328 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: TRISHIA WOLFE 10/27/2008
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: P ( ) Delete
Name: WOLFE, CARLENE
Address: 3100 W. ROLLING HILLS CR. UNIT 503
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOLFE, CARLENE
Address: 3100 W. ROLLING HILLS CR. BLDG.#6 UNIT 503
City-St-Zip: DAVIE, FL 33328

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: CARLENE WOLFE MS. 10/27/2008
Electronic Signature of Signing Officer or Director Date