## \*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT Secretary of State DIVISION OF CORPORAT	te	2012 JAN 30 AH 10: (	
DOCUMENT # P070000 74478  1. Corporation Name  Siesta Key Fitness Center Inc.			SECRETARY OF STAT TALEAHASSEE FLORK	
Diesta Key FITA	ess Center In	<i>C</i> ,		
2. Principal Office Address - No P.O. Box # 5241 Aven, In November 1	3. Mailing Office Address 5241 Aunich N	Yawaa REII	NSTATEMENT 11-12	
Suite, Apt. #, etc	Suite. Apt. #, etc.		crated or Qualified ness in Florida 6/26/2007	
City & State  Scrasada FL  Zip Country	City & State  Scross of FL  Zin- Country	1 45447	<del></del>	
39742 Sorasata	Zip34242 Country Social	a sota 6. CERTIFICAT	E QF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent  Name A			JAN 3 0 2012	
Street Address (P.O. Box Number is Not Acceptable)			S, TONER	
Say Avenida Novarra Suite. Apt. #, Etc.			000219771290 01/27/1201036008 ***300.00	
			/12-01036-000 **300.00	
City Sarasida fl	State   FL	Zip Code 3 42 4 2		
8. I, being appointed the registered agent of the abo	ove named corporation, am tamiliar with	and accept the obligations of sections	on 607.0505 or 617.0503, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN			Date /~23~/2	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Name of Officers and/or Directors		et Address of Each er and/or Director	City / State / Zip	
Mesent BAUCE DAY	5241 Aven.	Wa Ukram	Sarasota Fl 34242	
Renstate Fee waived			Failed to	
update the email ad	ldress correctly. U	57 1/30/12		
10. E-mail Address: /WFO (3) BRUCE DAY, COM  (To be used for future annual report notification)				
owed by the corporation have been paid. I further if made under oath. I am aware that false information	viver or trustee empowered to execute to on has been eliminated, the corporate n certify, the information indicated on his	his application as provided for in chame satisfies the requirements of se application is true and accurate, an	ection 607.0401 or 617.0401, F.S., and that all fees d my signature shall have the same legal effect as degree felony as provided for in s.817.155, F.S.	
SIGNATURE:	TYPED OR PRINTED NAME OF SIGNING O	FFICER OR DIRECTOR	1-23-12- 941-376-4653	