PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000017450

1. Corporation Name
Phase Five Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
202 S Moon Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon FL	City & State
Zip: 33511 Country: USA	Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida 2/18/11

5. FEI Number 27-5088229 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Eric Auciello

Street Address (P.O. Box Number is Not Acceptable): 1003 Silver Palm Way

Suite, Apt. #, Etc.:

City: Apollo Beach State: FL Zip Code: 33572

200280485422
12/30/15--01004--020 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 12/24/15
REGISTERED AGENT MUST SIGN

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	Street Address of Each Officer and/or Director	City / State / Zip
PR	Eric Auciello	1003 Silver Palm Way	Apollo Beach FL, 33572

10. E-mail Address: Eric@PhaseFitness.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 12/25/15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON