

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2015		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P11000017450

1. Corporation Name
Phase FIVE INC

2. Principal Office Address - No P.O. Box #

202 S Moon AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Zip

33511

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

ERIC AUGELLO

Street Address (P.O. Box Number is Not Acceptable)

1003 SILVER PALM WY

Suite, Apt. #, etc.

City

APOLLO BEACH

State

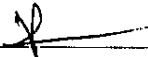
FL

Zip Code

33572

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



REGISTERED AGENT MUST SIGN

Date 12/24/15

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 AUGELLO	1003 SILVER PALM WY	APOLLO BEACH FL, 33572

10. E-mail Address: ERIC @ Phase 5 Fitness. 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. 617.155, F.S.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/25/15
Date

Daytime Phone #

FILED

15 DEC 30 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

K. ASHTON