

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN -3 PM 5:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000081277**

1. Corporation Name

**LIFE LONG FITNESS, INCORPORATED**

2. Principal Office Address

**298 LK MARKHAM RD.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 950906**

Suite, Apt. #, etc.

City & State

**SANFORD, FLORIDA**

City & State

**LAKE MARY, FL**

Zip

**32771**

Country

**USA**

Zip

**32795**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**593544059**

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

**100043813061**

Name

**MICHAEL FOITS**

01/03/05--01052--012 \*\*\*300.00

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

**298 LK MARKHAM ROAD**

Suite, Apt. #, Etc.

City

**SANFORD**

State  
**FL**

Zip Code

**32771**

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

*Michael Foits*  
REGISTERED AGENT MUST SIGN

Date

**12/29/04**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|----------|--------------------------------------|---|--------------------------|
| <b>D</b> | <b>MICHAEL FOITS</b>                 | <b>298 LK. MARKHAM RD.</b>                        | <b>SANFORD, FL 32771</b> |
|          |                                      |   |                          |
|          |                                      |   |                          |
|          |                                      |   |                          |
|          |                                      |   |                          |
|          |                                      |   |                          |
|          |                                      |   |                          |

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Michael Foits*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/29/04**

Daytime Phone #

**407-9978112**

CR2081 (01/04)

6

20f2

**DIVISION OF CORPORATIONS  
409 E. GAINS STREET  
TALAHASSEE, FLORIDA 32399**

**RE: DOCUMENT # P98000081277  
FEI 593544059  
LIFELONG FITNESS, INC.**

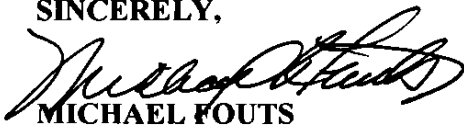
**PURSUANT TO YOUR REQUEST ATTACHED PLEASE FIND THE  
FOLLOWING:**

- 1. A REINSTATEMENT APPLICATION WHICH HAS BEEN COMPLETED**
- 2. A CHECK IN THE AMOUNT OF \$300 REPRESENTING THE RENEWAL  
FEES FOR 2003 AND 2004 (\$150 + \$ 150.).**

**THE REASON FOR THE REQUEST FOR REINSTATEMENT IS THAT WE  
HAVE NEVER RECEIVED NOTIFICATION OF THE REQUIRED ANNUAL  
REPORT FILING. THE MAIL SYSTEM IN THIS AREA IS HORRIBLE AND  
WE ASSUME YOUR NOTICE MAY HAVE BEEN ROUTED ELSEWHERE OR  
LOST.**

**THANK YOU FOR YOUR ATTENTION TO THIS MATTER.**

**SINCERELY,**



**MICHAEL FOUTS  
DIRECTOR  
LIFELONG FITNESS, INC,**

**CC: FILE**