PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FII ED Jim Smith **FOR** Secretary of State REINSTATEME DIVISION OF CORPORATIONS 03 JAN -3 AM 9:32 P99000002846 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLOPIOA 1. Corporation Name FITZNESS INTERNATIONAL, INC. Mailing Address Principal Place of Business 3501 SW 2ND AVE..STE.2200 3501 SW 2ND AVE..STE.2200 GAINESVILLE FL 32606 GAINESVILLE FL 32606 10 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified New Principal Office Address, If Applicable 01/01/1999 To Do Business in Florida 4440 SW Suite, Apt. #. Applied For 5. FEI Number NOT APPLICABLE Not Application City & State 6. \$8.75 Additional Fee requ CERTIFICATE OF STATUS DESIRED for a Certificate of Stat 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each City / State / Zip Name of Officers Officer and/or Director Title(s) and/or Directors GAINESVILLE FL-92606-3501 SW-2ND AVE., STE. 2200 KOEHLER, FITZ 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent SAWYER, J. MICHAEL ESO. 5000 NW 27TH CT., STE.D LAW OFFICES OF DECARLIS & SAWYER Suite **GAINESVILLE FL 32606** City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent ISTERED AGENT MUST SIGN 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 filling 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: SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DP

FITZ NESS

Don Mr. Smith, On November 2, 2003 ! received notice that my company, Fitzness intermolived Inc. bad been dissolved. I moved from met former address at the end of 2001, and at that time had bouraided all. mail to my present address: Unjortunately, your incorporation papers were never towarded to me. This ratice is the first I received. I'm guessing the post office would be able to document that. delayed this response as he dilly-dellied delayed this response as he dilly-dellied this response as he dilly-dellied the signing as registered agent. I have now the signing that position, I've exclosed the taken that position, I've exclosed the taken that position, I've exclosed the taken that new address taken the subject to the new address taken to the subject 11327 NW 32MAVE - Gainesville, FL 326006 Thank your your time! titz Rochler.

> 4440 SW Archer Rd. Suite#707 Gainesville, FL 32608 352-316-9626 Fitzness.com

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