

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
06 JUL 26 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052960			
1. Entity Name FITNESS NATION OF TAMPA, INC.			
Principal Place of Business 6564 44TH STREET N BLDG 8, UNIT 804 PINELLAS PARK, FL 33781		Mailing Address 7116 GULF BLVD. STE E ST PETE BEACH, FL 33706	
2. Principal Place of Business		3. Mailing Address 400 Corey Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2nd Floor	
City & State		City & State St. Pete Beach, FL	
Zip	Country	Zip	Country
33706		33706	USA
4. FEI Number 52-2175476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P 7116 GULF BLVD. STE E ST PETE BEACH, FL 33706		7. Name and Address of New Registered Agent Name Terrance P. McNamara, Esq. Street Address (P.O. Box Number is Not Acceptable) 400 Corey Avenue, 2nd Floor City St. Pete Beach FL Zip Code 33706	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 2/3/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD GROSS, GREG 6564 44TH ST. N, BLDG 8, UNIT 804 PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200078379982 08/04/06--01043--005 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date 7/15/06	
Signature, typed or printed name of signing officer or director Greg Gross, President		Daytime Phone #	