

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000100697

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** SINGER ISLAND HEALTH AND FITNESS, INC.

**Current Principal Place of Business:**

#57 EAST BLUE HERON BLVD.  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

4115 BURNS RD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

#57 EAST BLUE HERON BLVD.  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

4115 BURNS RD  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 65-0981850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAFFAELE, LOUIS JOSEPH .  
57 EAST BLUE HERON BLVD.  
RIVIERA BEACH, FL 33404 US

**Name and Address of New Registered Agent:**

RAFFAELE, LOUIS JOSEPH .  
4115 BURNS RD  
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: LOUIS RAFFAELE

04/22/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: RAFFAELE, LOUIS J  
Address: 4115 BURNS RD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS RAFFAELE

PRES

04/22/2010

Electronic Signature of Signing Officer or Director

Date