

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S55223

Corporation Name

FITNESS LIFESTYLE DESIGN, INC.

Principal Place of Business

1919 N.W. 24TH STREET  
GAINESVILLE FL 32605

Mailing Address

1919 N.W. 24TH STREET  
GAINESVILLE FL 32605

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/1991

5. FEI Number

59-3094629

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

| Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|----------|---|--|-------------------------|
| P        | WILLIAMS, CHARLES S.                      | 1919 N.W. 24TH STREET                                  | GAINESVILLE FL 32605    |
| VP       | HARAGEONES, EMMANOUEL G.                  | 4440 LARMOUTH PLACE                                    | PENSACOLA FL 32514      |
| VP       | SMITH, CHARLES D.                         | 717 EAST RIVER DRIVE                                   | TEMPLE TERRACE FL       |
| VP       | JOHNSON, DEWAYNE                          | EASTGATE WAY   | TALLAHASSEE FL          |
|          |   |  |                         |
|          |   |  |                         |

000003096140--3  
-01/12/00--01064--018  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, CHARLES  
1819 N.W. 24TH ST  
GAINESVILLE FL 32605

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of  
Registered AgentSIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-30-99

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., 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXT. 265