

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

LETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

2001-UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 22 AM 11:52

DOCUMENT # P000000 49935

Corporation Name: Beautiful Bodies of Clearwater, Inc

Local Place of Business: 12545 44th ST N, Clearwater, FL 33762
Mailing Address: 12545 44th ST N, Clearwater, FL 33762

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

Form with fields for Principal Office Address, New Mailing Office Address, Date Incorporated or Qualified To Do Business in Florida (05-16-2000), FEI Number (59-3644248), and Certificate of Status Desired.

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

Table with 4 columns: Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip, and a fourth column with handwritten numbers and codes.

Form with two main sections: 8. Name and Address of Current Registered Agent (James H. Cullen Sr, 7421 Bent Oak Dr, Port Richey FL 34668) and 9. Name and Address of New Registered Agent.

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 James H. Cullen Sr, Date 4-27-01.

This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [] No []

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)(l), 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.

NATURE: [] Signature: Henry B Boas, Date: 5/27/01, Daytime Phone: (727) 593-1977