

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC -7 PM 5:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000018562

1. Corporation Name

ALLMAL, INC.

Principal Place of Business

Mailing Address

9119 MERRILL RD
 JAX FL 32225
 US

P.O. BOX 465
 EMIGSVILLE PA 17318
 US

[Handwritten initials]



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/27/1997	
City & State		City & State		5. FEI Number	
Zip		Country		58-2305697	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	KRIEGER, KRISMAN L.J.	8101 PHILLIPS HWY	JACKSONVILLE FL 32218
D	KRIEGER, KURT J	8101 PHILLIPS HWY	JACKSONVILLE FL 32218
			800003070548-9 -12/15/99--01019--003 ****150.00****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENT, FREDERICK H III
 225 WATER STREET
 SUITE 900
 JACKSONVILLE FL 32202

Name ANNE MARIE GENOVA
 Street Address (P.O. Box Number is Not Acceptable) 830-13, AIA NORTH
 Suite, Apt. #, Etc. Suite 322
 City Ponte Vedra Beach State FL Zip Code 32082

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 Agent Anne Marie Genova Date 10/19/99
 REGISTERED 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 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Krisman J. Krieger Date 11/19/99 Daytime Phone # (904) 636-0247
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/99)



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P.O. BOX 465 Emigsville, PA 17318
717-843-6866
Fax 717-843-6716

October 19, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Allmal Inc
FEI # 58-2305697

Dear Sir/Madam,

As per our conversation today, Allmal Inc. did not receive the annual report notice from the State of Florida and as a result did not file in a timely manner. We do not want to dissolve the Corporation.

Enclosed is a check for \$150.00 for the 1999 registration fee.

Thank you for your help.

Yours in good health,

Krisman L.J. Krieger
President