

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

calz

CORPORATION REINSTATEMENT



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

FILED
02 APR -8 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA9000005911
1. Corporation Name
Body Maxx Fitness

2. Principal Office Address
13729 N. Dale Mabry Hwy
Suite, Apt. #, etc.
City & State
Tampa, FL
Zip
33618 Country
U.S.A.
3. Mailing Office Address
same
Suite, Apt. #, etc.
City & State
same
Zip
33618 Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
1/19/99
5. FEI Number
593559356 Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

01-02UBR
jhm

7. Name and Address of Current Registered Agent
Name
Claudio Robelle 6000054191567-8
Street Address (P.O. Box Number is Not Acceptable)
4524 New Dawn Cr. -05/02/02--01011--003
***300.00 ***300.00
Suite, Apt. #, Etc.
City
Lotz, FL State
FL Zip Code
33558

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent
Claudio Robelle Date
3/1/02
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Claudio Robelle	<u>13729 N. Dale Mabry Hwy</u> <u>same as above</u>	<u>Tampa, FL 33618</u>
V.P.	Sharon Robelle	" " "	" " "

10. 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: Claudio Robelle Date
4/1/02 (813) 969-3665
Daytime Phone #

CR2E081 (9/01)



Fitness & Personal Training Studio

Sharon L. Robelle

(813)969-3665

Claudio E. Robelle

13208 N. Dale Mabey Hwy

Fitness Consultants, AFAA, ISSA

Tampa, Florida 33618

2002

Florida Dept of State
Katherine Harris, Secretary of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

April 6, 2002

To Whom It May Concern,

Due to postal service problems, we have been experiencing a chaotic problem of missing important documents, such as our corporate renewal registration paperwork, which we never received.

Enclosed you will find our corporation reinstatement application with the appropriate fees.

Thank you for your prompt attention to this matter and I appreciate you waiving any fees which were caused ^{Sincerely} by our never receiving the proper reinstatement
Claudio Robelle