


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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 27 AM 10:11

DOCUMENT # P99000070715

1. Corporation Name  
**IDOL'S GYM III, INC.**

Principal Place of Business 681 N.E. 70TH STREET MIAMI FL 33138	Mailing Address 681 N.E. 70TH STREET MIAMI FL 33138
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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 08/10/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0939809
City & State	City & State	Applied For Not Applicable
Zip	Country	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	OSTOS, JAIME	681 N.E. 70TH STREET	MIAMI FL 33138
D	ENEIM, ANTHONY	681 N.E. 70TH STREET	MIAMI FL 33138
D	WOLTER, CARLS S	P.O. BOX 403325TREET	MIAMI BEACH FL 33140
			600003491366--9 -12/08/00-010200-011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent OSTOS, JAIME 681 N.E. 70TH STREET MIAMI FL 33138	9. Name and Address of New Registered Agent Name ANTHONY ENEIM IDOLS GYM Street Address (P.O. Box Number is Not Acceptable) 5556 NE 4TH COURT Suite, Apt. #, Etc. M. City MIAMI FL. State FL Zip Code 33138
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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 SIGNATURE REQUIRED Date 10/24/00

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: SIGNATURE REQUIRED Date 10/24/00 Daytime Phone # 305 5320089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

P99-707 15

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**Joseph Paternostro**  
Accounting Services  
901 N.E. 125th Street, Suite # 103  
North Miami, FL 33161  
Office (305) 895-7355 Fax (305) 893-9696 Cell (305) 606-0935

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November 15, 2000

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

**RE:** Idol's Gym III, Inc.  
FEIN # 65-0939809

Dear Sir or Madam:

We never received the year 2000 Annual Report.

On the above date we received a notification that the corporation was dissolved.

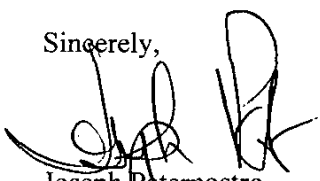
On this date I called your office and they informed me to write this letter.

We have enclosed a check for \$150.00 for the annual fee.

Would you please reinstate our corporation as soon as possible.

Please accept our thanks for your cooperation.

Sincerely,



Joseph Paternostro  
Accountant

Enc.

