

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

A21381

1. Name of Limited Partnership

TREASURY PARK PLAZA FITNESS CENTER, LTD

2. Principal Office Address

15924 S.W. 92 AVE

3. Mailing Office Address

15912 S.W. 92 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33157

Country

Zip

33157

Country

8. Name and Address of Current Registered Agent

Name

Michael W. Sontag

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

15912 S.W. 92 AVE

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33157

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Michael W. Sontag

DATE

12/20/03

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

TREASURY PARK PLAZA FITNESS
CENTER, CORP

15912 S.W. 92 AVE

~~Miami FL 33157~~

Miami FL 33157

S 47417

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Michael W. Sontag, Pres.
Michael W. Sontag

DATE

10/22/03

Typed or Printed Name of General Partner Signing Form

Telephone Number

(305) 233 5910

CR2E039 (9/03)