F04000004695

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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TRANSMITTAL LETTER

	itration So ion of Cor			
SUBJECT:		Name of corpor	ess & Pilates	,Inc.
Dear Sir or M	ladam:			
The enclosed "Certificate of transact busing	f Existenc	ion by Foreign Corporation is," and check are submitted side.	for Authorization to Transa- to register the above referen	ct Business in Florida," seed foreign corporation to
Piesse return	ali corresp	ondence concerning this ma	tter to the following:	
		X Denis	3. Towlow	
		(Name	c of Person)	
		Taylor We	UNCES & Pilot	es, Inc.
		315 8	Wallace St didress)) ay ne 1W 4 te soud Zip code)	
		(A	ddross)	_
		<u> </u>	Janne IN 4	6803
		(City/Sta	te and Zip code)	
,		concorning this matter, please Taylov at (20		One Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasace, FL 32314	
Enclosed is a	check for	the following amount:		
5 \$70.00 Fi	ling Fee	S78.75 Filing Fee & Certificate of Status	5 \$78.75 Filing Fee & Certified Copy	\$87,50 Filing Fee, Certificate of Status & Certified Copy

7574289126

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) Necember 21 (Duration) (Date of incorporation) (Date first transacted business in Floride, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Jallace St. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: amiami Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation; if the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

(Typed or printed name and capacity of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

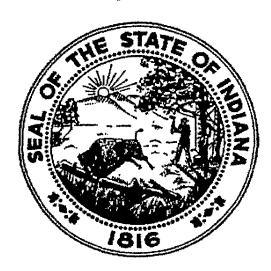
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

TAYLOR WELLNESS PILATES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 21, 2000, and was in existence or authorized to transact business in the State of Indiana on August 02, 2004.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of August, 2004.

TODD ROKITA, Secretary of State

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