

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 FEB -7 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F09000004036

1. Corporation Name

KALISTHENICS, INC.

2. Principal Office Address - No P.O. Box #

7846 COMMONWEALTH AVE

3. Mailing Office Address

7846 COMMONWEALTH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BUENA PARK, CA

City & State

BUENA PARK, CA

Zip

90621

Country

US

Zip

90621

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida **10/12/2009**

5. FEI Number

204673723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Vcorp Services, LLC

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

5011 South State Road 7

Suite, Apt. #, Etc

Suite 106

City

Davie

State

FL

Zip Code

33314

700220617697
02/07/12--01003--006 **750.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12/21/2011**

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 |
|----------------------|--------------------------------------|---|----------------------|
| President | Chaim M. Rechnitz | 7846 COMMONWEALTH AVE | BUENA PARK, CA 90621 |
| Secretary | Chaim M. Rechnitz | 7846 COMMONWEALTH AVE | BUENA PARK, CA 90621 |
| Treasurer | Chaim M. Rechnitz | 7846 COMMONWEALTH AVE | BUENA PARK, CA 90621 |
| Director | Chaim M. Rechnitz | 7846 COMMONWEALTH AVE | BUENA PARK, CA 90621 |
| REINSTATEMENT | | | |
| 12 | | | |
| FEB 07 2012 | | | |
| R. HUNT | | | |

10. E-mail Address: **gkarnes@kalisthenics.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #