

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 Feb 18 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 742231

1. Corporation Name  
ADVANCED Exercise Company

Principal Place of Business Mailing Address  
5910 NE 2nd St. Same  
St. Land. Fl. 33308  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT All 98

2. New Principal Office Address, If Applicable  
2480 SE 7 DRIVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc. Same

4. Date Incorporated or Qualified  
To Do Business in Florida Aug. 20, 1991

City & State  
Pompano Beach, Fl.  
Zip 33062 Country USA

City & State

5. FEI Number 59-216-1169  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	FRANK ISRAELS	2480 SE 7 DRIVE	Pompano Bch, Fl. 33062
V. Pres.	ROGER ISRAELS	4510 Bayview Dr.	St. Land. Fl. 33308
ST	DENISE ISRAELS	2480 SE 7 DRIVE	Pompano Bch, Fl. 33062
			900002435439--2 -02/19/98--01072--003 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

FRANK ISRAELS  
2480 SE 7 DRIVE  
Pompano Beach, Fl. 33062

9. Name and Address of New Registered Agent

Name BRUCE S. BUTLER  
Street Address (P.O. Box Number is Not Acceptable) 9709 W. Sample Rd.  
Suite, Apt. #, Etc.  
City COLAC SPINUS State FL Zip Code 33065

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]  
REGISTERED AGENT MUST SIGN

Date 2/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/98 951 786 0505  
Date Daytime Phone #

CR2040 (1/98)