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8.75 - certificate
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TRANSMITTAL LETTER

78.75 TOTAL

**TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 PM 12:39

SUBJECT: OFFICE WORKOUTS, INC.
(Name of corporation - must include suffix)

mtm

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DENISE DONLON
(Name of Person)
OFFICE WORKOUTS, INC.
(Firm/Company)
29399 ABOURA ROAD #113
(Address)
ABOURA CA 91301
(City, State and Zip Code)

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-10/26/95--01018--006
*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

DENISE DONLON at (818) 991-6256
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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:**

1. OFFICE WORKOUTS, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. CALIFORNIA
(State or country under the law of which it is incorporated)
3. 95-453 2141
(FEI number, if applicable)
4. JUNE 1, 1995 4/12/95
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 29399 ABOURA ROAD SUITE 113
ABOURA, CA 91301
(Current mailing address)
8. FITNESS SERVICES and GOODS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CONNIE HAYES
Office Address: 826 DORWOOD AVE (still in process of moving)
ORLANDO, FLA 32825, Florida, 32825
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at 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.


(Registered agent's signature)

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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: DENISE DONLON

Address: 29399 AGOURA RD #113, AGOURA CA 91301

Vice Chairman: JIM DONLON

Address: 29399 AGOURA RD #113, AGOURA CA 91301

Director: HALE A. ANTILLO

Address: 2393 29399 AGOURA RD #113 AGOURA CA 91301

Director: PETE ANTILLO + PAUL ANTILLO

Address: 29399 AGOURA RD #113 AGOURA CA 91301

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: DENISE DONLON

Address: 29399 AGOURA RD #113 AGOURA CA 91301

Vice President: JIM DONLON

Address: 29399 AGOURA RD #113 AGOURA CA 91301

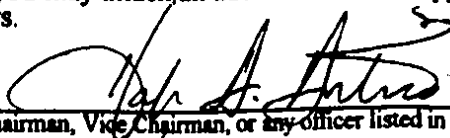
Secretary: LISA HOPKINS

Address: 29399 AGOURA RD #113, AGOURA CA 91301

Treasurer: LORI PEARL

Address: 29399 AGOURA RD #113 AGOURA CA 91301

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HALE A. ANTILLO
(Typed or printed name and capacity of person signing application)

95 OCT 25 PM 2:39

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F95000005229**

1. Corporation Name
OFFICE WORKOUTS, INC.

Principal Place of Business
**28388 AGOURA ROAD STE 113
AGOURA CA 91301**

Mailing Address
**28388 AGOURA ROAD STE 113
AGOURA CA 91301**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers and/or Directors

Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)

City / State / Zip

1

PCD

DONLON, DENISE

28388 AGOURA RD #13

AGOURA CA

2

VD

DONLON, JIM

28388 AGOURA RD #13

AGOURA CA

3

D

ANTIVO, HALE A

28388 AGOURA RD #13

AGOURA CA

4

D

ANTICO

28388 AGOURA RD #13

AGOURA CA

5

D

ANTICO

28388 AGOURA RD #13

AGOURA CA

6

D

ANTICO

28388 AGOURA RD #13

AGOURA CA

7

ST

HOPKINS, USA

28388 AGOURA RD #13

AGOURA CA

8. Name and Address of Current Registered Agent

HAYES, CONNIE
828 DEERWOOD AVE
ORLANDO FL 32825

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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FL 383.75

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

REGISTERED AGENT MUST SIGN

Date 9-30-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Denise J. Donlon / Denise J. Donlon

Date 9-30-96 818-991-6256

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 14 PM 1:18



0910/18

4. Date Incorporated or Qualified To Do Business in Florida

10/25/1985

5. FEI Number

95-4532141

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

CR2E000 (7/96)