

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 31 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000003860**

1. Corporation Name

The Fitness Company Management Group

2. Principal Office Address
200 S. Biscayne Blvd.

3. Mailing Office Address
70 Wood Avenue South

Suite, Apt. #, etc.
Suite 15-A

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Iselin, New Jersey

Zip Country
33131 USA

Zip Country
08830 USA

4. Date Incorporated or Qualified
To Do Business in Florida 7/23/97

5. FEI Number
22-3493633

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-02

7. Name and Address of Current Registered Agent

Name
David Carney

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.

Suite, Apt. #, Etc.
Suite 15-A

City
Miami

State Zip Code
FL 33131

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 1/24/02

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
CEO	Stephen J. Smith	70 Wood Avenue South	Iselin, New Jersey 08830
			200004911642-- -02/12/02--01049--021 ***1050.00 ***1050.00
			200004911642-- -02/12/02--01049--022 ***167.50 ***167.50

10. 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

1/24/02

Date

732-948-0970

Daytime Phone #