## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT  | FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS |   | FILED<br>01 DEC 20 PM 5: 21   |  |
|--|---|---|---|--|
| DOCUMENT # F97000003861  1. Corporation Name   |   | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                  |   |  |
| The funess Company Ownership<br>Group  |   | AR .  |   |  |
| 2. Principal Office Address  200 S. C. Scarjue Blydd 70 Wood Rose South  Suite, Apt. #, etc.   |   | REINSTATEMENT 99-01   |   |  |
| Suite 15-A   |   | 4. Date Incorporated or Qualified To Do Business in Florida |   |  |
| City State   | · ·   |   | 5. FEI Number Applied For   |  |
| Country Country United States  | Zip Country Country OS830 United Sides  | 6.  | OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |  |
| 7. Name and Address of Current Registered Agent  |   |   |   |  |
| Street Address (P.O. Box Number is Not Acceptable)  200 S. BISCAGNE BIVE. SOLITE 15-A  Suite, Apt. #, Etc.  City  MIBMI  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 REGISTERED AGENT MUST SIGN  Date 12/15/0/  |   |   |   |  |
| 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<br>Officer and/or Director   |   | City / State / Zip  |  |
| CEO Stephen J. Smith   | 1 70 wood Rue 8   | outh  | Iseun, NS 08830   |  |
|  |   | . 1   | 000047452411<br>-12/31/0101071011<br>***1067.50 ***1067.50                  |  |
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| **************************************   |   |   |   |  |
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| 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 filling 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 AND TYPED OR PRINT  | STEPHEN J. S  | MTH 17  | 218 01 732-S45-0:70 Date Deptime Phone #                                    |  |