05/03 MAY 03 '99 01:33PM 517 INC BLACKSTONE LEGAL SUP P.02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THMAY 03 '99 01:33PM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

99 MAY -6 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Checks Payable to Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # H60963
Tropical Gyms Inc

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
Address: 730 E. SAMPLE RD
City and State: POMPANO BCH, FL Zip Code: 33064

3. If Principle Office Address is different from mailing address, enter address below:
Address:
City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida: 1986

5. FEI Number: 592607541
FEI Number Applied For
FEI Number Not Applicable

6. $8.75 Statutory Fee Required for Reinstatement of Status
CERTIFICATE OF STATUS DESIRED X

7. Name 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 Number(s))	4 City / State / Zip
Pres	WAYNE CAGLIA	11930 E Sample Rd Pompano Beach FL	POMPANO, FL 33064
VICE PRES	LANCE BALDWIN	14970 W Atlantic Blvd	MARGATE, FL 33063
DIR	DREW BALDWIN	14970 W. Atlantic Blvd	MARGAT, FL 33063
		REINSTATEMENT 96-99 BS 5/10/99	

8. Name and Address of Current Registered Agent
LANCE BALDWIN
930 E SAMPLE RD
POMP BCH, FL 33064

9. If changed, new registered agent / office
Name:
Street Address (Do NOT Use P.O. Box Number):
Street Address (Do NOT Use P.O. Box Number):
05/14/99--01011--021
***1208.75 ***1208.75
City: State: FL Zip:

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: 5/3/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I certify that I am an officer or director of 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. 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 of Officer or Director: Drew Baldwin Date: 5/3/99 Daytime Phone #: 954-973-6610

Typed or printed name of signing officer or director: DREW BALDWIN