DIEASE DE	.D. AÌ L. INICT	-DUĞTIANC	BEEODE (INC TUIC	EODM.		
APPLICATION FOR REINSTATEMENT	FOR Sandra B. Mortham Secretary of State							
DOCUMENT # H70839 1. Corporation Name WORLO'S HEALTH & FITNESS CENTER, TNC.				OI MAR -9 AM 10: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business S9 Beacom BIVD Miami R 33135	J9 .	Mailing Address S9 BARCAM BIVD MIAMI FA 33135						
If above addresses are incorrect in any way, lin 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	oformation and enter ng Office Address, If etc.		Date Incorp To Do Busin FEI Number			Applied For		
City & State Zip Country	City & State	Countr	у	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
7. Names and Street Addresses of Each Officer Name of Officers and/or Directors 2 F. Julio Junk	Str Off 3 (Do NOT Us	ations must list at lea eet Address of Eacl ficer and/or Director se Post Office Box I (Adom BILL)	h r	4 MIAM	City / State / Zip	33135		
				7	00003 -0371 ***1	38 5165 3701-0113 050.00 **	574 0014 *1050.00	
							.\$	
8. Name and Address of Current Registered Agent ANA MARIA AIVAREZ. J. BEARM BIVO. MIAMI FL 33135			9. Name and Address of New Registered Agent Name Tulio Tunki Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City M. Ami State Zip Code FI 33/35					
10. I, being appointed the registered agent of the Signature of Registered Agent .	above named corpor	·	th and accept the ol	AW/ bligations of Section	on 607.050\$, F.S.	3-8-01	3/35	
11. This corporation owes or Intangible Personal Prop			ar Yes 🔲	No 🗆	· (Se	ee other side for info 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(301-) 642-0413 Daytime Phone #