

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # K92994

1. Corporation Name

ANIMAL HOUSE GYM, INC.

Principal Place of Business

2515 S STATE RD #7
HOLLYWOOD FL 33023
US

Mailing Address

2515 S STATE RD. #7
HOLLYWOOD FL 33023
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or To Do Business in Florida

5. FEI Number

65-0133159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DVP	DAVIS, HERBERT W.	2515 S. STATE ROAD 7	HOLLYWOOD FL
DPS	DAVIS, SHERRY LANDRESS	2515 S. STATE ROAD 7	HOLLYWOOD FL
AS	LANDRESS, HOLLIS N	2515 S STATE RD 7	HOLLYWOOD FL
AT	LANDRESS, GERALDINE E	2515 S STATE RD 7	HOLLYWOOD FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAVRICK, THEODORE P. 2601 EAST OAKLAND PARK BLVD. SUITE 208 FORT LAUDERDALE FL 33306	Name HERBERT W. DAVIS Street Address (P.O. Box Number is Not Acceptable) 911 N.W. 209 AVENUE Suite, Apt. #, Etc. SUITE # 128 City PEMBROKE PINES State FL Zip Code 33029
--	---

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/11/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HERBERT W. DAVIS

Date

Daytime Phone #

1/14/99 954-680-3430

CR2E040 (09/98)