

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02839

1. Corporation Name

JUST FIT, INC.

Principal Place of Business

3418 BAY TO BAY BLVD
TAMPA FL 33629
US

Mailing Address

3418 BAY TO BAY BLVD
TAMPA FL 33629
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.

3418 West Bay to Bay Blvd

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33629

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/17/1989

5. FEI Number

59-2955253

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 3	City / State / Zip 4
DP	HOLMES, MARY ROSE	5800 GORDON AVENUE	TAMPA FL
VP	WARD, SHERI	3116 DORCHESTER AVE.	TAMPA FL
ST	HOLMES, DWIGHT	5800 GORDON AVE.	TAMPA FL
VP	BERNADINE M. WRIGHT	118 MARTINIQUE AVE	Tampa FL 33606

700008546567
10/23/02--01057--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLMES, MARY ROSE
5800 GORDON AVENUE
TAMPA FL 33611

Name

BERNADINE M. WRIGHT

Street Address (P.O. Box Number is Not Acceptable)

118 MARTINIQUE AVE

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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. or 617.0505, F.S.

Signature of Registered Agent

BERNADINE M. WRIGHT
REGISTERED AGENT MUST SIGN

Date

10/21/02

11. 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.

Bernadine M. Wright

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

(813)831-2132

FLORIDA DEPT. OF STATE
DIV. OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL

RE: JUST FIT, INC.

PLEASE BE ADVISED THAT I HAVE NOT RECEIVED EITHER OF THE UBR
FORMS THAT WERE SUPPOSEDLY SENT TO OUR BUSINESS ADDRESS.

ENCLOSED PLEASE FIND OUR CHECK FOR \$150.00 FOR
REINSTATEMENT.

Bernadine M. Wright

10/21/02

BERNADINE M. WRIGHT
V.P.

JUST FIT, INC.
3418 WEST BAY TO BAY BLVD.
TAMPA, FL 33629