

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN -7 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000005026**

1. Corporation Name  
**ORLANDO AMATEUR BOXING AND FITNESS CENTER, INC.**

Principal Place of Business Mailing Address  
**924 W AMELIA ST ORLANDO FL 32805** **925 KINGSBRIDGE DR. OVIEDO FL 32765**

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

REINSTATEMENT 02



600009923416  
01/07/03--01069--007 \*\*245.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/28/2000	
City & State		City & State		5. FEI Number	
Zip		Country		57-1140716	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FIGUEROA, EUGENE	925 KINGSBRIDGE DR.	OVIEDO FL 32765
D	Roland, D. NOVELL	1310 W Colonial Rd #33	ORLANDO FL 32804
D	PIZARRO, JOSE	5670 NOKOMIS CIR.	ORLANDO FL 32839
D	Guillen, JOSE A.	1217 GREGO DR	Orlando, FL 32824
D	Adnini, Richard	4303 Summit Creek Rd	Orlando, FL 32837

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FIGUEROA, EUGENE 925 KINGSBRIDGE DR. OVIEDO FL 32765		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Eugene Figueroa* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: 1-3-03

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.

SIGNATURE: *Eugene Figueroa* **SIGNATURE REQUIRED** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1-3-03 (407)359-4073 Daytime Phone #

CR2E040 (8/02)