

**FILED**

**Dec 10, 2008 8:00 A.M.**  
**Secretary of State**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N07000007268

**1. Corporation Name**

Ft. Myers Preparatory and Fitness Academy

**2. Principal Office Address - No P.O. Box #**

3210 Dr. Martin Luther King Blvd.  
Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Ft. Myers, Florida

**City & State**

**Zip**

33916

**Country**

USA

**Zip**

**Country**

**7. Name and Address of Current Registered Agent**

**Name**

Lisa Hay

**Street Address (P.O. Box Number Is Not Acceptable)**

3210 Dr. Martin Luther King Blvd.

**Suite, Apt. #, Etc.**

**City**

Ft. Myers

**State**

FL

**Zip Code**

33916

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5 Dec 08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mr. (Aaron)	Chris Howell	1913 Grand Isle Dr.	Brandon, Fla. 33511
Ms.	Lynn Hursey	5308 Abel Merrill Rd.	Columbus, OH 43221
Mr.	John Maslanka	14225 Palm 4	33708 Madeira Beach, Fla.
Mr.	Rob Shively	12150 Cactus Dr	FT MYERS FL 33917

**10. 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 contained in Chapter 119, 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

ROBERT L. SHIVELY

Date

Daytime Phone #

937-684-2498

**REINSTATEMENT**

CR2E081 (10/08)

08

**4. Date Incorporated or Qualified To Do Business In Florida**

July 24, 2007

**5. FEI Number**

N07000007268

**Applied For**

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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