

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

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

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
Suite, Apt. #, etc. King Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

Zip

33916 USA

City & State

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

Lisa Hay

REGISTERED AGENT MUST SIGN

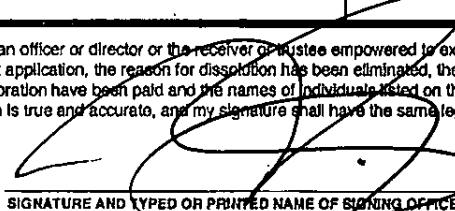
Date 5 Dec 08

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 Merril Rd.	Columbus, OH 43221
Mr.	John Maslanka	14225 Palm 4	Madeira Beach, Fla. 33708
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

937-684-2498

Date

Daytime Phone #

12/11/08 -