PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT # N1400003 1. Corporation Name Apollo Gymnas 7. 98 OCT - 1 AM 9: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2140 Range Rd. Unit 6 Principal Place of Business 2140 Range Rd. Unit 6 Clearwater, FL34625 a learwater, FL 34625 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction bek 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 7/22/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3269875 City & State City & State Not Applicable \$8.75 Additional Fee required to: a Certificate of Status Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Clearwater /FL / 33764 Richard J. Fulk 1351 Dorothy Dr. 13521 Indian Oaks Tr. Largo /FL/33774 David Blitch 13521 Indian Oaks Tr. Largo/FL/33774 Nancy Blitch 100002659701--2 -10/08/98-**-0**1098--001 ****297.50 ****297.50 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Age Name 2140 Range Rd Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, E1c Clearwater, FL 34625 State | Zip Code 10. I, being appointed the registered igent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. on intangible tax.) Yes L 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.