

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 OCT 24 PM 12:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P0000000313**

1. Corporation Name  
**S & L FITNESS, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 57295 P.O. BOX 57295  
 JACKSONVILLE FL 32241 JACKSONVILLE FL 32241



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		4. Date Incorporated or Qualified To Do Business in Florida <b>12/23/1999</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3628749</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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
<del>P</del>	<del>LEDET, STERMAN</del>	<del>5376 GALEWIND LN</del>	<del>JACKSONVILLE FL 32211</del>
<del>P</del>	<del>ALLEN, LATORIA</del>	<del>5376 GALEWIND LN</del>	<del>JACKSONVILLE FL 32211</del>
P	LEDET, SHERMAN	7815 CHIPWOOD LANE	JACKSONVILLE FL 32256
P	LEDET, LATORIA	7815 CHIPWOOD LANE	JACKSONVILLE FL 32256

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<del>ALLEN, LATORIA</del> 5376 GALEWIND LANE JACKSONVILLE FL 32211		Name <b>LATORIA LEDET</b> Street Address (P.O. Box Number is Not Acceptable) <b>7815 CHIPWOOD LANE</b> Suite, Apt. #, Etc. City <b>JACKSONVILLE</b> State <b>FL</b> Zip Code <b>32256</b>	

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.

Signature of Registered Agent: *[Signature]* Date: \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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)(f), 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]* **SHERMAN LEDET** 10/16/01 904 614 3773  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1 CR264d (8/01)

*PPR 2/2*

October 18, 2001

RE: S&L Fitness, Inc.  
Uniform Business Report

To Whom It May Concern:

We, the owners of S&L Fitness, Incorporated recently received a notice that our right to be in business had been revoked due to not previously filing our Uniform Business Report, which was due in May of 2001. This is to inform you that we did not receive such a document for this year, until we received the revocation notification on October 13, 2001. We are a new company and was thinking this may have contributed to us not receiving our information in a timely manner. We have spoken with a representative there, and were told to send this letter in with the enclosed payment of \$150.00. We apologize for the misunderstanding and will do our very best to abide by all policies and procedures required for us to remain in business. We will be sure to look out for this document next year.

Sherman and Latricia Ledet  
S&L Fitness