

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017289

1. Corporation Name

Harbor Fitness Inc.

2. Principal Office Address

1086 Kane Concourse

Suite, Apt. #, etc.

Suite 203

City & State

Bay Harbor FL

Zip

33154

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/2000

5. FEI Number

65-0995728

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-09

7. Name and Address of Current Registered Agent

Name

Humberto Lozano

Street Address (P.O. Box Number is Not Acceptable)

4063 Wimbledon Dr

Suite, Apt. #, Etc.

#203

City

Cooper City

100039081661

07/13/04--01090--001 **150.00

State

FL

Zip Code

33026

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

Date

REGISTERED AGENT MUST SIGN

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
Pres.	Humberto Lozano	4063 Wimbledon Dr #203	Cooper City FL 33026 33026
			100039081661 07/13/04--01090--002 **150.00
			100039081661 07/13/04--01090--003 **600.00
			8/7/21

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/04 (305) 8654144

Date

Daytime Phone #

CR2081 (01/04)