

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 15 PM 1:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P00000050701

1. Corporation Name

SHARK FITNESS CORP.

2. Principal Office Address

9961 S.W. 30 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33165

Country

USA

3. Mailing Office Address

9961 S.W. 30 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33165

Country

USA

REINSTATEMENT

2001

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

May 23, 2000

5. FEI Number

65-1102957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

RABIEH FAYAD

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

9961 S.W. 30 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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**

Rabieh Fayad

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
P/D/S	FAYAD, RABIEH	9961 S.W. 30 STREET MIAMI	MIAMI, FL. 33165
D/U.P.	ALVAREZ, ELIZABETH	9961 S.W. 30 STREET	MIAMI, FL. 33165

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-804-3621

CR2001 (9/00)