

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000086188

1. Corporation Name

EURO FITNESS CENTER, INC.

Principal Place of Business

P.O. BOX 160935
ALTAMONTE SPRINGS FL 32716

Mailing Address

P.O. BOX 160935
ALTAMONTE SPRINGS FL 32716

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3593 Lake Emma Rd

Lake Mary, FL

FL 32746

Seminole

4. Date Incorporated or Qualified To Do Business in Florida

09/12/2000

5. FEI Number

59-3670506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	KHALILIAN, FRED	P.O. BOX 160935	ALTAMONTE SPRINGS FL 32716
			900004777419--6
			01/16/02--01030--006
			****308.75 ****308.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/12/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 984-8400

0090408



To: Whom it may concern!

Fax:

From: Fred Khalilian

Date: 1/04/02

Re: Application for Reinstatement

Pages:

CC:

☒ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Notes:

Please waive my late fee because I did not receive my notice to renew on the mail.
I am sorry for any inconvenience.

Thank you
Fred Khalilian/ Pres, Ceo

CONFIDENTIAL