

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 PM 12:13

DOCUMENT # P00000091260

1. Corporation Name

LIFE FITNESS CENTER, INC.

Principal Place of Business

2326 SW 67TH AVENUE
MIAMI FL 33155

Mailing Address

2326 SW 67TH AVENUE
MIAMI FL 33155

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ARROLIGA, WILLY	2326 SW 67TH AVENUE	MIAMI FL 33155

2000004698692--1
-11/29/01--01063--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

ARROLIGA, WILLY
2326 SW 67TH AVENUE
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

AD

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

REGISTERED AGENT MUST SIGN

Date

Oct 30, 2001

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)(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

Date

Daytime Phone #

Oct 30, 2001 (315) 261-0682

CR2ED40 (8/01)

October 30, 2001

Department of State
Division Of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, Fl. 32302-1500

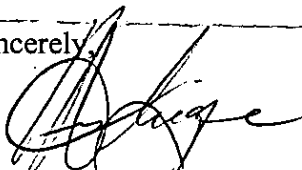
RE: Document # P0000001260

Dear Sir or Madam:

Per your instruction, enclosed please find a Uniform Business Report for the above referenced corporation. As we informed you, we never received the 2001 Uniform Business Report from you. Perhaps it is because you had the incorrect address, or the documents were lost in the mail.

In any event, and per your instructions, enclosed is a check in the amount of \$150.00, Payable to the Department of State for the 2001 Fees. Please process the enclosed Uniform Business Report for our corporation. As you can understand, this is a very important matter to us. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Willie Arroliga', written over a horizontal line.

Willie Arroliga
President