		DEFORE OF	OMBLETING THIS FORM V	2016
PLEASE READ			OMPLETING THIS FORM.	117612 N
APPLICATION FOR	FLORIDA DEPARTMEN Jim Smith		FILED	
REINSTATEMENTU	Secretary of Significant States of Significant States of Significant States of States	· ·	03 JAN 27 AH 9: 21	
DOCUMENT # P0000091260 1. Convoration Name			SECREGARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business	usiness Mailing Address			
2326 SW 67TH AVENUE	6 SW 67TH AVENUE 2326 SW 67TH AVENUE			
MAMI FL 33155 MIAMI FL 33155			1 1961100; II) POIN AGIN BOIN BOIN BOIN BOIN BOILD FAIRS HOLD COME AGENT	
If above addresses are incorrect in any way, line through incorrect information and enter correction be		correction below.	Date Incorporated or Qualified	
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		жирисаріе ————————————————————————————————————	To Do Business in Florida 09/2	27/2000
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number	Applied For
City & State City & State			65-1044928APPLIED FOR	Not Applicable
Zip Country	Country Zip Country		6. \$8.75 CERTIFICATE OF STATUS DESIRED (for	Additional Fee required a Certificate of Status
	U. Director (Florida paparatit corpor	rations must list at lea	est 3 directors)	
7. Names and Street Addresses of Each Officer and Name of Officers	d/or Director (Florida nonprofit corpor	treet Address of Each	City / Stat	te / Zip
Title(s) and/or Directors 3 Office		officer and/or Director	ector 4	
D ARROLIGA, WILLY 2326 SW 67TH AVEN		AVENUE	MIAMI FL 33155	
			000009638680	
			02/06/0301009003	**150.00
		-		
		<u> </u>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
		Name		
ARROLIGA, WILLY 2326 SW 67TH AVENUE	Street Address (Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33155	Suite, Apt. #, Etc	Suite, Apt. #, Etc.		
	City	State Zip Code		
		FL		
10. I, being appointed the registered agent of the	above ramed corporation, am familiar	r with and accept the o	obligations of Section 607.0505, F.S. or 617.050	5, F.S.
	111X		- T	
Signature of SIGNATION PEQUIRED Date Dec, 18 2002				
Registered Agent				
11. I certify that I am an officer or director or the r		ute this application as	provided for in chapter 607 or 617, F.S. I further	certify that when filing
this reinstatement application, the reason for o	tissolution has been eliminated, the co	prograte name satisfie	is the requirements of section 607.0401 or 617.0 or an exemption under section 119.07(3)(i), F.S.	401, F.S., that all fees The information indicated
owed by the corporation have been paid and on this application is true and accurate, and n	me names of individuals listed on this by structure shall have the same legal	effect as if made und	er oath.	
I. A				
SIGNIFICATEDUIRED Dec 18 2002				
SIGNATURE: Date Daytime Phone #				

payeror

December 18, 2002

To Whom It May Concern:

Re: P00000091260

This reason for the letter to is inform the Division of Corporations, the reason why Life Fitness Center Inc. has not re-ply to the renewal of the application. The company was having problems with the mail, it was being sent to another fitness around the area. The company was notify by the other fitness about the mail. At this time I want to apologies for all the trouble this has caused. I'm sending a check for the reinstatement of Life Fitness Center Inc. Should you have any questions regarding this matter, please contact me @ 305 261-0682.

Thank you,

Willy Arroliga

Owner