

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 24 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

80000092079

500006062075--9
-06/27/02--01034--007
****300.00 ****300.00

Bodies Unlimited USA INC

2. Principal Office Address

633 SABAL LAKE DR 633 SABAL LAKE DR

Suite, Apt. #, etc.

107

City & State

LONGWOOD

Zip

32729

Country

U.S.A

3. Mailing Office Address

633 SABAL LAKE DR

Suite, Apt. #, etc.

107

City & State

LONGWOOD

Zip

32729

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/2000

5. FEI Number

59-362-3481

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

ALBERT BUCKERIDGE

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

633 SABAL LAKE DR

Suite, Apt. #, Etc.

107

City

LONGWOOD

State

FL

Zip Code

32729

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

REGISTERED AGENT MUST SIGN

Date 06/21/02

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	ALBERT BUCKERIDGE	633 SABAL LAKE DR	LONGWOOD FL 32729

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: ALBERT BUCKERIDGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/21/02

Date

321-279-5842

Daytime Phone #

CR2E081 (9/01)