

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P00000096123</b>			
1. Corporation Name <b>BODYBUILDER SIGNATURE, INC.</b>			
Principal Place of Business <b>6995 VENTURE CIRCLE ORLANDO FL 32807</b>		Mailing Address <b>6995 VENTURE CIRCLE ORLANDO FL 32807</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>10/11/2000</b>			
5. FEI Number <b>65-1142239</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ATEEK, GEORGE	1437 72ND AVE. N.E.	ST. PETERSBURG FL 33702
<del>D</del>	<del>GLANCY, CARMEN M.</del> <i>DELETE</i>	<del>1720 OLD 100 RD.</del>	<del>GENEVA FL 32732</del>
<del>D</del>	GLANCY, S. TODD	1720 OLD 100 RD.	GENEVA FL 32732
<del>D</del>	<del>GLANCY, JOHN</del> <i>DELETE</i>	<del>3090 E. WHISPER LAKE LANE</del>	<del>WINTER PARK FL 32789</del>
100004695711--3 -11/27/01--01083--004 ****375.00 ****375.00			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ATEEK, GEORGE 1437 72ND AVE. NE ST. PETERSBURG FL 33702		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
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 <i>[Signature]</i>		100004695711--3 -11/27/01--01083--004 ****375.00 ****375.00 Date <b>10-26-01</b> <i>[Signature]</i>	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <b>10/15/01</b> Daytime Phone # <b>(727) 527-2836</b>			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 31 AM 9:00



REINSTATEMENT 01

CR2E040 (801)