

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 17 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000102438*

1. Corporation Name

FERRARA FITNESS, INC.

W05-6943

2. Principal Office Address

7675 MEADOW LAKES DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

SAME

City & State

NAPLES, FL.

City & State

SAME

Zip

34104

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1057177

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

JASON FERRARA

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

7675 MEADOW LAKES DR #2

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code
34104

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

[Signature]
REGISTERED AGENT MUST SIGN

Date *2-1-05*

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
<i>OWNER</i> <i>FROM</i>	<i>JASON FERRARA</i>	<i>7675 MEADOW LAKES DR #2</i>	<i>NAPLES FL 34104</i>
	<i>NA</i>		<i>000047408250</i> <i>02/28/05-01081-007-1208.75</i>
	<i>NA</i>		
	<i>NA</i>		<i>REINSTATEMENT 02-05</i>
	<i>NA</i>		
	<i>NA</i>		

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:

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

Date

2-15-05

Daytime Phone #

239-273-1110

CR2E081 (01/05)