

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

02 DEC -4 AM 8:01

DOCUMENT # **P00000111149**

1. Corporation Name

SUNTREE FITNESS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

499 NE SPANISH RIVER BLVD.
BOCA RATON FL 33431

499 NE SPANISH RIVER BLVD.
BOCA RATON FL 33431



REINSTATEMENT 01-02

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

4. Date Incorporated or Qualified To Do Business in Florida

12/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
 Not Applicable

City & State

City & State

Zip Country

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCHNEIDER, DAVID E	499 NE SPANISH RIVER BLVD. 10000 NW 62nd Street	BOCA RATON FL 33431 Parkland FL 33076

000009346530
12/04/02--01034--016 **500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHNEIDER, DAVID E
~~499 NE SPANISH RIVER BLVD~~
BOCA RATON FL 33431

10000 NW 62nd St.
Parkland, FL 33076

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 12-3-02

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: David E. Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-02 (954) 418-8400

Date Daytime Phone #

CR2E040 (8/01)