

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

03 JUL -3 PM 12:36

DOCUMENT # P00000117315

1. Corporation Name

WORLD GYM NMB, INC.

Principal Place of Business

1628 163RD ST.  
NORTH MIAMI BEACH FL 33162

Mailing Address

1628 163RD ST.  
NORTH MIAMI BEACH FL 33162

REINSTATEMENT 02-03



2/21/03 01117 019 \$750.00

12/02/03 01043 005 \$750.00

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

12/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

22-3771556

Applied For

Not Applicable

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
Pres.	ANTHONY Schettino	214 Lawrence Lane	Glen Cove, NY 11542
V.P.	Rosemary Schettino	214 Lawrence Lane	Glen Cove, NY 11542

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
9200 S. DADELAND BLVD., #508  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name Darin Lentz, Manager

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

Suite, Apt. #, Etc.

1628 NE 163rd St

City

N. Miami Beach

State

FL

Zip Code

33162

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6-21-2003

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 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., the 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-28-2003 212-6

Daytime

CR20040 (801)