

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

1082  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY -5 AM 8:00

DOCUMENT # P01000007993

1. Corporation Name

HEALTH & FIT, INC.

REINSTATEMENT 03-04  
MRS

2. Principal Office Address

16491 NE 27 Av.

Suite, Apt. #, etc.

- 0 -

City & State

N. Miami Beach - FL

Zip  
33160

Country

USA

3. Mailing Office Address

16491 N.E. 27 Av

Suite, Apt. #, etc.

- 0 -

City & State

N. Miami Beach - FL

Zip

33160

Country

USA

000035533930

05/05/04--01046--014 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/2001

5. FEI Number

651082584

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

Oliveira, Douglas M

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

16491 N.E. 27 Av

Suite, Apt. #, Etc.

- 0 -

City

N. Miami Beach

State

FL

Zip Code

33160

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 04-29-04

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
①	Oliveira, Douglas M	16491 N.E 27 AV	N. Miami Beach FL. 33160
①	Mariotto, Rejane L	16491 NE 27 Av	N. Miami Beach FL 33160

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

Douglas M Oliveira

04-29-04 (305) 495-5031

Date

Daytime Phone #

CR2E061 (01/04)

2072

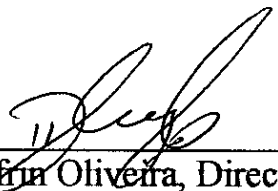
April 29, 2004

To Department of State  
Division of Corporation

Re: Health&Fit, Inc.  
Address: 16491 NE 27<sup>th</sup> Ave., North Miami Beach, FL, 33160.  
Document Number: P01000007993  
FEI Number: 65082584

Requesting waiver of reinstatement fee secondary to not have received the Annual Report for 2003, because of change of address and for some reason this specific mail wasn't forward to us by the postal service. Please accept the fee for the year 2003 and 2004 and waive the reinstatement fee as well make the address correction.

I appreciate your understanding and cooperation and please inform us of your decision. Once more thank you.

  
\_\_\_\_\_  
Douglas Manfrin Oliveira, Director.