

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000027269**

1. Corporation Name

American Senior Fitness Association, Inc.

2. Principal Office Address

1949 West Park Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2575

Suite, Apt. #, etc.

City & State

Edgewater FL

City & State

New Smyrna Beach FL

Zip

32132

Country

USA

Zip

32170

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-12-2001

5. FEI Number

593713362

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

Janie T. Clark

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

818 Craig St.

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

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

Janie T. Clark

REGISTERED AGENT MUST SIGN

Date *3-20-2006*

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
c/p/t	Janie T. Clark	818 Craig St.	New Smyrna Beach FL 32168
v/s	Robert G. Clark	818 Craig St.	New Smyrna Beach FL 32168
		<i>83/28</i>	

600069049366
03/30/06--01038--001 **450.00

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 contained in Chapter 119, 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: *Janie T. Clark* **Janie T. Clark**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2006

Date

(386) 423-6634

Daytime Phone #

March 20, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

American Senior Fitness Association, Inc.
P.O. Box 2575
New Smyrna Beach FL 32170

Document Number: P01000027269

FEI Number: 593713362


Dear Sirs/Madams:

Enclosed are: (1) our completed Corporation Reinstatement form, and (2) our check in the amount of \$450.00 payable to the Department of State.

We did not receive our 2004 annual report notice. Please waive the penalty.

Thank you.

Sincerely,


Janie T. Clark
Chairman, President, Treasurer,
and Registered Agent