

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000035126

1. Corporation Name

Charlotte Health & Fitness Center, Inc.

2. Principal Office Address

3250 Loveland Blvd

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33980

Country

USA

3. Mailing Office Address

3250 Loveland Blvd

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33980

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1093375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Dr. Olawale Idewu

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

3250 Loveland Blvd

Suite, Apt. #, Etc.

City

~~Azalia~~ PORT CHARLOTTE

State

FL

Zip Code

33980

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Olawale Idewu	3250 Loveland Blvd	Port Charlotte, FL 33980

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 disqualification 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-03

Date

Daytime Phone #

03 NOV -7 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT** 07

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11/07/03--01021--002 **150.00

CR2001 (10/02)

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#P01000035126
EIN 65-109375
Charlotte Health & Fitness Center, Inc.

Reasonable for the abatement of reinstatement fee portion of filing.

Corporate operations were assigned to a new management team which took over the daily operations. This included the collection a redistribution of the mail.

The corporation or corporate officers of the entity did not receive the annual report (UBR) to update, sign and submit.

Due to not receiving the UBR form for proper filing we feel this is reasonable cause for the abatement of the reinstatement fee of \$600.