

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 13 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01-000070246

1. Corporation Name

ELITE FITNESS & TRAINING, Inc.

2. Principal Office Address

1865 79ST. CSWY.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

14 J

Suite, Apt. #, etc.

City & State

NORTH BAY VILLAGE

City & State

FL

Zip

33141

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 16th, 2001

5. FEI Number

65-1129674

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

RON ASHTON COLEMAN

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

1865 79ST CSWY. #14J

Suite, Apt. #, Etc.

City

N. BAY VILLAGE

State

FL

Zip Code

33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

RON A. COLEMAN

REGISTERED AGENT MUST SIGN

Date 5-8-03

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
CEO / OWNER	RON A. COLEMAN D	same as above	"
P			

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:

RON A. COLEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-03 (305) 978-7704

Date

Daytime Phone #

002501 (10/02)

25/20

To whom this may concern,

I have been informed by my accountant that a **UBR** was required to be completed yearly. After researching this through sunbiz, found that my business *address was incorrect* for any mailings. At your earliest convenience please change my address to the correct one and please reinstate my company name. I have also been informed by the reinstatement department to enclose a reinstatement form along with a check in the amount of \$300.00 for 2002/2003 UBR. All further mailing must be sent to the following address:

Elite Fitness & Training
1865 79ST CSWY. #14J
North Bay Village, FL.
33141

Thank you for your time and please notify me if there are any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "R. A. Coleman", followed by a horizontal line extending to the right.

Ron A. Coleman
Owner/CEO
305-978-7704