

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000094210**

1. Corporation Name

JOMAR FITNESS HOLDINGS, INC.

Principal Place of Business

41 SW MONTEREY ROAD
STUART FL 34994

Mailing Address

691 SW PINE TREE LANE
PALM CITY FL 34990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/2001

5. FEI Number

36-4470281

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CALABRIA, JOSEPH III	691 SW PINE TREE LANE	PALM CITY FL 34990

8. Name and Address of Current Registered Agent

CALABRIA, JOSEPH M
~~691 SW PINE TREE LANE~~
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name

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

691 SW Pine Tree Ln

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/12/03

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/03

772-287-0222

FILED
03 NOV 21 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

700024923077
11/21/03--01031--013 **750.00

Signature

CR2E040 (7/03)