FILED

03 OCT -9 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

AMD

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101618

1. Entity Name
FITTREK MIAMI, INC.

03

Principal Place of Business	Mailing Address
2484 PRAIRIE AVE MIAMI BCH, FL 33140	2484 PRAIRIE AVE MIAMI BCH, FL 33140

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1158442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIX, GAIL 9 ISLAND AVE #507 MIAMI BCH, FL 33139	Name J. Deede Weithorn Street Address (P.O. Box Number is Not Acceptable) 1150 NW 72 AVE #760 City Miami FL Zip Code 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J. Deede Weithorn 9-24-03
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

750.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRETT, DAN 2484 PRAIRIE AVE MIAMI BCH, FL 33140	☑ Delete	PRESIDENT BEVERLY CATHERINE BARRETT 15621 ALLNUTT LANE	☐ Change ☑ Addition
		☐ Delete	BURTONSVILLE, MD 20866	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

600023667345
10/09/03--01043--016 **750.00

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Catherine Barrett 301-421-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/7/03

10/10/10