

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 28 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109731

1. Corporation Name

FITNESS ISLAND FOR WOMEN, INC.

Principal Place of Business

205 TOWN CENTER BLVD.
DAVENPORT FL 33896

Mailing Address

205 TOWN CENTER BLVD.
DAVENPORT FL 33896

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3756332

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SMITH, HELEN A	565 ASH ST.	WILLIMANTIC CT 06226

400008624964
10/28/02--01080--005 **150.00

Smith

8. Name and Address of Current Registered Agent

REA, JULIE
205 TOWN CENTER BLVD.
DAVENPORT FL 33896

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

CR2E040 (8/02)

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

Julie Rea
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/02

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.

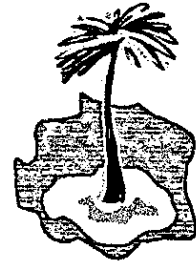
SIGNATURE:

Helen A. Smith
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/22/02

860
456-8484
Daytime Phone #

FITNESS ISLAND for Women



October 24, 2002

Mr. Jim Smith
Secretary of State
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Smith

Please find enclosed the 2002 corporation annual report application for reinstatement along with a check in the amount \$150.00.

I respectfully request that Fitness Island for Women be reinstated as a cooperation. I was not aware of the requirement to file this report nor did I ever receive any prior notices notifying me of this requirement.

I assure you that this report will be filed in a timely manner in the future. I apologize for any inconvenience this may have caused and appreciate very much your reinstating Fitness Island for Women as a cooperation.

Thank you for your attention to this matter. Please do not hesitate to contact me if you need additional information.

Sincerely,

A handwritten signature in cursive script that reads 'Helen A. Smith'. The signature is written in black ink and is positioned above the typed name.

Helen A. Smith
Owner