

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PH 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000114266**

1. Corporation Name

PERSONAL BEST FITNESS TRAINING, INC.

Principal Place of Business

Mailing Address

PO BOX 541
CRYSTAL BEACH FL

PO BOX 541
CRYSTAL BEACH FL

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

12/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3759970

Not Applicable

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
P	AMES, LINDSAY A	PO BOX 541	CRYSTAL BEACH FL 34681

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMES, LINDSAY A
643 MAYO STREET NORTH
CRYSTAL BEACH FL 34681

Name

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

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

Lindsay A Ames
REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

Lindsay A Ames
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDSAY A AMES

10/13/03

Date

Daytime Phone #

(727) 403-8854

CR2E040 (7/03)

2012

PERSONAL BEST Fitness Training, Inc.

...bringing fitness home

**PO BOX 541
Crystal Beach, FL 34681
Phone: (727) 403-8854**

October 13, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Please help me!

I am completely distressed to learn that my corporation has been dissolved, as I never received the original request in the mail from the State of Florida to file my 2003 corporation annual report/uniform business report. I have been so diligent in filing and paying every necessary form and fee to both the State of Florida and the Federal government, even though I am a small corporation of just one, that had I received the original request I would have been happy to comply. I am requesting that you waive the reinstatement fee as I was unable to fulfill my obligations due to no fault of my own.

I have called your office and have followed instructions to include:

- This letter of request to waive fee
- Reinstatement application
- Check # 1060 in the amount of \$150.00 for the original fee

I hope this will meet my obligations and I can continue to provide fitness training to my clients. I will be anxiously awaiting your decision. Thank you so much for your help and consideration in advance.

Sincerely,

Lindsay Ames

Director-M.A., CPT-NASM