

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 JUL 21 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000121044**

**1. Corporation Name**

Lark Fitness, Inc.

**2. Principal Office Address**  
910 SW 2nd Place

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

**3. Mailing Office Address**  
910 SW 2nd Place

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/26/2001

**5. FEI Number**

32-0005934

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 0203

**7. Name and Address of Current Registered Agent**

Name  
Jonathan Larkin

Street Address (P.O. Box Number is Not Acceptable)  
910 SW 2nd Place

Suite, Apt. #, Etc.

City  
Pompano Beach

State  
FL

Zip Code  
33069

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/17/03

**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
D	Jonathan Larkin	910 SW 2nd Place	Pompano Beach, FL 33069
			400021652294

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/03

Daytime Phone #

CR2E081 (9/01)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 174033 100198A

AUTHORIZATION :

COST LIMIT : \$ 908.75

-----  
ORDER DATE : July 21, 2003

ORDER TIME : 11:40 AM

ORDER NO. : 174033-005

CUSTOMER NO: 100198A

CUSTOMER: Henry M. Cooper, Esq  
Fogel & Cohen Attorneys &  
Suite 111  
2500 N. Military Trail  
Boca Raton, FL 33431  
-----

DOMESTIC FILINGS

NAME: LARK FITNESS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan EXT. 1155

EXAMINER'S INITIALS \_\_\_\_\_