

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121073

1. Corporation Name

South Miami Fitness, Inc.

2. Principal Office Address

1919 NW 19th Street

3. Mailing Office Address

1919 NW 19th Street

Suite, Apt. #, etc.

Suite 701

Suite, Apt. #, etc.

Suite 701

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/26/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jonathan Larkin

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

1919 NW 19th Street

Suite, Apt. #, Etc.

Suite 701

City

Fort Lauderdale

State
FL

Zip Code

33311

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

11/21/02

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	1919 NW 19th Street, Suite 701	Fort Lauderdale, FL 33311
			600009202436

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

11/21/02

Date

561 723-6526

Daytime Phone #



2012

ACCOUNT NO. : 072100000032

REFERENCE : 833043 100198A

AUTHORIZATION

COST LIMIT : \$ 750.00

Patricia Piguet

ORDER DATE : November 25, 2002

ORDER TIME : 10:31 AM

ORDER NO. : 833043-005

CUSTOMER NO: 100198A

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

RECEIVED
02 NOV 25 AM 11:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SOUTH MIAMI FITNESS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS

[Handwritten signature]