

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000010445

1. Corporation Name

OCEAN FITNESS, INC.

Principal Place of Business

Mailing Address

5799 NE ISLAND COVE WAY
STUART FL 34996

5799 NE ISLAND COVE WAY
#1406
STUART FL 34996

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

Suite, Apt. #, etc.

652 NE OCEAN BLVD.

City & State
STUART, FLORIDA

Zip
34996

Country
MARTIN

Suite, Apt. #, etc.

652 NE OCEAN BLVD.

City & State
STUART, FLORIDA

Zip
34996

Country
MARTIN

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | MCLANE, FLETCHER L | 5799 NE ISLAND COVE WAY 14 PERRIWINKLE LANE | STUART FL 34996 |
| D | MUIR, BONNIE | 729 S DEARBORN | CHICAGO IL 60605 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCLANE, FLETCHER L
5799 NE ISLAND COVE WAY
STUART FL 34996

14 PERRIWINKLE LANE

Name

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

← See New Address

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

REGISTERED AGENT MUST SIGN

Date 10-8-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

Date

Daytime Phone #

10-8-03

772-288
7069

CR2E040 (7/03)