

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PA9C/02

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000024133**

**1. Corporation Name**

Multidimensional Fitness & SPA, Inc

500 NE 164TH TERR  
North Miami Beach, fl. 33162

**2. Principal Office Address**

500 NE 164TH TERR

**3. Mailing Office Address**

North Miami Beach, fl. 33162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach

City & State

Zip

33162

Country

USA

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 05 March 02

**5. FEI Number**

72-1522062

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

Ernesto A. Abreu

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

500 NE 164th Terr

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

**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

*Ernesto A. Abreu*

REGISTERED AGENT MUST SIGN

Date

**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
Director	Ernesto A. Abreu	500 NE 164th Terr	North Miami Beach, FL. 33162

**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:**

*Ernesto A. Abreu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03 June 04

FILED  
04 JUN -8 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E001 (01/04)

*Payer*

**HHC 724<sup>TH</sup> MILITARY POLICE BN**  
5515 NW 15<sup>TH</sup> AVENUE  
FORT LAUDERDALE, FLORIDA. 33309

3 June 2004

TO: Florida Department of State

SUBJECT: Request Corporation Reinstatement

1. Dear Sir or Madame:

~~I am writing you to respectfully request a reinstatement of Multidimensional Fitness and SPA, Inc~~

I was deployed by the US ARMY to over seas for two years and was not able to receive any correspondence from the State. As a result from this deployment, I couldn't take a good care of my corporation and file the annual report, as this resulted, my corporation was placed under administrative dissolution.

2. I am a true professional and a very responsible individual and will take a better care of my business in the future but now that I am back in town, I need my corporation to continue doing my business.

3. Please, understand my situation and feel free to contact me if you have any questions in efforts to help me solve this matter.

4. POC is Ernesto A. Abreu at 305 467-3603.

Sincerely,



Ernesto A. Abreu  
SGT, USA  
Logistics Management