

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000039595

1. Corporation Name

TECHNIQUE BODYBUILDING, INC.

2. Principal Office Address  
9445 Fontainebleau Blvd

3. Mailing Office Address  
9445 Fontainebleau Blvd

Suite, Apt. #, etc.  
202

Suite, Apt. #, etc.  
202

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33172

Country  
USA

Zip  
33172

Country  
USA

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/11/02

5. FEI Number  
04-3640058

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 MAURO ROZZA

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

9445 Fontainebleau Blvd

Suite, Apt. #, Etc.

# 202

City MIAMI

State FL Zip Code 33172

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

*Mauro Rozza*

Date 12/30/03

REGISTERED AGENT MUST SIGN

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	MAURO ROZZA	9445 Fontainebleau Blvd Unit 202	Miami, FL 33172

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:

*Mauro Rozza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03 305-220-9118

Date

Daytime Phone #

Telephone (305) 663-3566  
Fax (305) 665-3060

*Francis M. Switzer*  
Certified Public Accountant

*Gables Waterway Executive Center  
1390 South Dixie Highway, Suite 1108  
Coral Gables, Florida 33146*

December 30, 2003

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Technique Bodybuilding, Inc.  
Doc #: P02000039595  
FEIN: 04-3640058  
Form: UBR for 2003  
Reinstatement Form

Gentlemen:

Enclosed is the Corporation Reinstatement form for the above corporation. Also enclosed is a copy of the taxpayer's check dated April 15, 2003 in payment of the annual business report filing fee.

It appears the only thing missing from the report is the Federal Employer Identification Number which is indicated above. The taxpayer never received a rejection letter or the dissolution notice because of the missing number.

Under the circumstances, the taxpayer would appreciate your waving the penalty and reinstating the corporation.

Should you have any questions please contact the taxpayer.

Very truly yours,



Francis M. Switzer