

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 SEP 10 AM 11:58

DOCUMENT # *P02000054433*

1. Corporation Name

*Real World Fitness, Inc.*

2. Principal Office Address

*1726 Majestic Oaks Dr.*

Suite, Apt. #, etc.

*(N/A)*

City & State

*Apopka, FL*

Zip

*32712*

Country

*USA*

3. Mailing Office Address

*Same as Principal*

Suite, Apt. #, etc.

City & State

Zip

Country

*500023178035*

*09/18/03--01073--016 \*\*158.75*

4. Date Incorporated or Qualified  
To Do Business in Florida

*5/13/02*

5. FEI Number

*01-0689483*

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

*Dana L. Derrickson, Ph.D.*

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

*1726 Majestic Oaks Dr.*

Suite, Apt. #, Etc.

*(N/A)*

City

*Apopka*

State

*FL*

Zip Code

*32712*

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

*D. Derrickson*

Date

*9/9/03*

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
<i>P</i>	<i>Dana L. Derrickson, Ph.D.</i>	<i>1726 Majestic Oaks Dr.</i>	<i>Apopka, FL 32712</i>

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:

*D. Derrickson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/9/03*

Date

*407 739 0805*

Daytime Phone #

CR2E081 (10/02)

September 8, 2003

Dr. Dana L. Derrickson, Ph.D.  
President and Registered Agent  
Real World Fitness, Inc.  
1726 Majestic Oaks Drive  
Apopka, FL 32712

Florida Department of State  
Division of Corporations  
Attn: Corporate Reinstatements  
P.O. Box 6327  
409 East Gaines St.  
Tallahassee, FL 32399

Re: REINSTATEMENT REQUESTED—ANNUAL REPORT NOT RECEIVED

Encl: Corporate Reinstatement Form  
Check made payable to Department of State for \$158.75

Dear Sir or Madam:

Please find enclosed our Corporate Reinstatement Form. To the best of my knowledge, we never received our 2003 Annual Report Form(s).

Based on such, we respectfully request our late filing penalty, or penalties, be waived.

Please find enclosed our check for \$158.75, including \$150.00 for our 2003 Annual Report and \$8.75 for a Certificate of Status.

Sincerely,



Dana L. Derrickson, Ph.D.  
President and Registered Agent