

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055149

1. Corporation Name

BODY SOURCE FITNESS CENTER, INC.

2. Principal Office Address

2760 W 84 St.

Suite, Apt. #, etc.

#7

City & State

Hialeah, FL

Zip

33018

Country

U.S.A

3. Mailing Office Address

2760 W 84 St.

Suite, Apt. #, etc.

#7

City & State

Hialeah, FL

Zip

33018

Country

U.S.A

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/02

5. FEI Number

81-0552894

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARIEL J. ESTEVEZ

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

7402 W 30 CT.

Suite, Apt. #, Etc.

City

Hialeah,

State

FL

Zip Code

33018

07/14/03 90330 003 \$ 150.00

400033161694

04/20/04 81055 026 \$75.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/6/04

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
P	ARIEL J. ESTEVEZ	7402 W 30 CT.	Hialeah, FL 33018

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]

ARIEL J. ESTEVEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

Date

756-621-4455

Daytime Phone #

CRS081 (01/04)