

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 24 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000067630

1. Corporation Name

Sunshine Fitness Centers, Inc.

2. Principal Office Address

280 South State Road 434

Suite, Apt. #, etc.

Suite 1049

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

3. Mailing Office Address

280 South State Road 434

Suite, Apt. #, etc.

Suite 1049

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

REINSTATEMENT 03

200023304782
09/24/03--01057--005 **250.00

4. Date Incorporated or Qualified
To Do Business in Florida

6/19/02

5. FEI Number

81-0566441

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

James F. Heekin, Jr.

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

215 North Eola Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

James F. Heekin, Jr. REGISTERED AGENT MUST SIGN

Date **9/23/03**

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
DVP	Eric Dore	Suite 1049 280 South State Road 434	Altamonte Springs, FL 32714
DP	David Dore	Suite 1049 280 South State Road 434	Altamonte Springs, FL 32714

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:

Eric Dore, Vice President

9/23/03

Date

407-786-7373

Daytime Phone #

CR2E081 (10/02)