

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000078281

1. Corporation Name

J. A. K. E. FITNESS, INC.

Principal Place of Business

1415 BAYTHORN DRIVE
WESLEY CHAPEL FL 33543

Mailing Address

1415 BAYTHORN DRIVE
WESLEY CHAPEL FL 33543

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida.

07/18/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NICHOLS, JAY C	1415 BAYTHORN DRIVE	WESLEY CHAPEL FL 33543
			6/16/03 90144 037 150

8. Name and Address of Current Registered Agent

ROBERT F. DIMARCO, CPA
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

Name

Kelly A Nichols

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

1415 Baythorn Dr

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33543

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE: *[Signature]*
REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03 813 994 0014

Daytime Phone #

CH2E040 (7/03)



Division Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam,

Please find enclosed our reinstatement??? We never received any information or notification that there was a problem. We sent a check and paperwork several months ago and just received this information in yesterday's mail.

Please find enclosed a copy of our check, which your offices cashed, which indicated to us that this transaction was completed.

Thank you in advance for your consideration.


Jay C Nichols
President
J.A.K.E. Fitness Inc.

813 994 0026 Office
813 994 0019 Home