

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000085506

1. Corporation Name Socada Health & Fitness Studio
of Palatka

2. Principal Office Address
1608 US Highway 19 S.
Suite, Apt. #, etc.

3. Mailing Office Address
408 Walnut Street
Suite, Apt. #, etc.

City & State
Palatka, Florida

Zip 32177 Country US

City & State
Green Cove Springs, Florida

Zip 32043 Country US

4. Date Incorporated or Qualified
To Do Business in Florida 09-17-2002

5. FEI Number
02-0641524

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 Tim Hewitt

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

Suite, Apt. #, Etc.

City Green Cove Springs

800044291168
01/07/05--01018--005 **30.00

State FL Zip Code 32043

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

REGISTERED AGENT MUST SIGN

Date

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	Tim Hewitt	408 Walnut Street	Green Cove Springs, FL 32043
VP	Denise De Simone	2845 Shaffer Drive	Eads, TN 38028
M	Michelle Neely	2723 Secret Harbor Drive	Orange Park, FL 32065

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:

Tim Hewitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/04

Date

904-334-8447

Daytime Phone #

CR2E001 (01/04)

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SOCADA
HEALTH & FITNESS STUDIO
408 WALNUT STREET
GREEN COVE SPRINGS, FL 32043
(904) 284-2036

12/28/04

To Whom It May Concern:

All information for renewing license was mailed to wrong address. Please make note of new address. If there is any other information needed, please feel free to let me know.

Thank You,


Michelle Neely, Office Manager