



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	05 APR 11 AM 9:49 STATE REINSTATEMENT FLORIDA	
DOCUMENT # P02000085508				
1. Corporation Name Socada Health & Fitness Studio of Green Cove Springs				
2. Principal Office Address 408 Walnut St. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 408 Walnut St. <small>Suite, Apt. #, etc.</small>		
City & State Green Cove Springs, FL		City & State Green Cove Springs, FL		
Zip 32043	Country US	Zip 32043	Country US	
4. Date Incorporated or Qualified To Do Business in Florida 8/6/2002		5. FEI Number 02-0641538		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable		
7. Name and Address of Current Registered Agent				
Name Tim Hewitt				
Street Address (P.O. Box Number is Not Acceptable) 408 Walnut St.				
Suite, Apt. #, Etc.				
City Green Cove Springs		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		Date		
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	
P	Tim Hewitt	408 Walnut St.	Green Cove Springs, FL 32043	
VP	Denise DeSimone	2845 Shaffer Dr.	Eads, TN 38028	
M	Michelle Neely	2723 Secret Harbor Dr.	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: 		3-14-05	284-2038	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	

CR2ED01 (01/05)