

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 23 AM 9:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA.

DOCUMENT # **P02000096254**

1. Corporation Name

FINANCIAL FITNESS COMPANY OF AMERICA

Principal Place of Business

Mailing Address

8854 GREY HAWK POINT
 ORLANDO FL 32836

POST OFFICE BOX 2712
 WINDERMERE FL 34786-2712



REINSTATEMENT 03

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/30/2002	
City & State		City & State		5. FEI Number	
Zip		Country		57-1136096	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BLAND, ANTHONY C	8854 GREY HAWK POINT	ORLANDO FL 32836

300024012943
 10/22/03--01049--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLAND, ANTHONY C 8854 GREY HAWK POINT ORLANDO FL 32836	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

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 *Anthony C. Bland* Date 10/20/03
 REGISTERED AGENT MUST SIGN

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: *Anthony C. Bland* Date 10/20/03 Daytime Phone # (407) 876-2536
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (7/03)



Anthony C. Bland
Financial Fitness
Company of America

October 20, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Waiver of Reinstatement Fee

I just received a Notice of Administrative Dissolution Form dissolving the corporation Financial Fitness Company of America.

I never received an Annual Report Form and am requesting a waiver of the reinstatement fee. Per the instructions on the (850) 245-6059 phone number, I am enclosing the completed Application For Reinstatement and a check for \$150 along with this letter.

Per my understanding, these three items will reinstate the corporation to an active status. Thank you for your help with this matter. If you need to provide any additional information, I can be reached at (407) 876-2536.

Sincerely,

Anthony C. Bland
President