

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 21 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105389

1. Corporation Name

TIGHT WORK FITNESS, INC.

Principal Place of Business

17845 A NORTH WEST 27TH AVE.  
MIAMI FL 33056

Mailing Address

730 NW 134 STREET  
MIAMI FL 33168



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/2002

5. FEI Number

141853009

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
D	CHARLINE SANTAMARIA	730 NW 134 street	Miami, FL 33168

300023963873  
10/21/03-01031-033 \*\*158.75

8. Name and Address of Current Registered Agent

SANTAMARIA, CHARLINE  
730 NW 134 STREET  
MIAMI FL 33168

9. Name and Address of New Registered Agent

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

Charline Santamaria  
REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

Charline Santamaria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03  
Date

786-280-9675  
Daytime Phone #  
9675

CR2E040 (7/03)

Charline Santamaria  
730 NW 134 Street  
Miami, FL. 33168

October 16, 2003

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

This letter is to inform the department that Tight Work Fitness Inc. did not receive any notice pertaining to filing an Annual Business Report. Please be sure that in the future this report will be filed in a timely manner.

Enclosed is a check for \$ 158.75 to cover the reinstatement fee and a Certificate of Status.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Santamaria".

Charline Santamaria  
President