

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 23 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107001

1. Corporation Name

House of Fitness, Inc.

2. Principal Office Address

231 Altara Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

U.S.A.

3. Mailing Office Address

231 Altara Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

U.S.A.

REINSTATEMENT 03-04

07/11/03 9:045 022 150

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

10-03-02

5. FEI Number

51-0431180

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

Alejandro Landa

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

231 Altara Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

200027525152
01/23/04--01081--013 **150.00

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

Alex Landa

Date 1/15/04

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/D	Alejandro Landa	6771 S.W. 48 Ter.	Miami, FL 33155
T/D	Ivonne Broche	6771 S.W. 48 Ter.	Miami, FL 33155

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:

Alex Landa

Alejandro Landa, Pres. 1/15/04

(305) 448-1648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

TR

HOUSE OF FITNESS, INC.
231 Altara Avenue
Coral Gables, Florida 33146

January 15, 2004

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Document No. P02000107001

To whom it may concern:

Enclosed please find our completed Corporation Reinstatement form and a check for \$150.00 for our 2004 Uniform Business Report.

Please be advised that we never received your correspondence dated July 14, 2003 answering our letter and payment sent July 11, 2003 whereby we explained that your UBR for 2003 had not been received and had requested then that the penalty be waived and we also included our check for \$150.

Your cooperation in this matter will be greatly appreciated.

Sincerely,

HOUSE OF FITNESS, INC.



Alejandro Landa
President