

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000128939**

1. Corporation Name

FITNESS DEPOT USA, INC.

Principal Place of Business

1619 SW 107 AVE
MIAMI FL 3365

Mailing Address

1619 SW 107 AVE
MIAMI FL 3365

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

12/06/2002

5. FEI Number

11-3668243

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



300024864693
11/20/03--01002--001 **150.00

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
DP	GARROTE, KATHY	1619 SW 107 AVE	MIAMI FL 3365

8. Name and Address of Current Registered Agent

GARROTE, KATHY
1619 SW 107 AVE
MIAMI FL 3365

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

Kathy Garrote
REGISTERED AGENT MUST SIGN

Date

11/12/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Garrote

Date

Daytime Phone #

11/12/03 (305) 225-9224

CR2E040 (7/03)

To whom it may concern,

11-12-03

In Jan. 2003, the owners and corporate name of my business changed to Fitness Depot USA. For some reason the Annual Report was mailed to the old owner. ~~He owns the name Fitness Depot~~ He owns the name Fitness Depot, which is very similar, but not me. So I enclosed the mailing page to show that for some reason it was mailed to Fitness Depot and he changed his address. It got forwarded to his new address and he then told me about it. Please make sure all mail is sent to Fitness Depot USA 1619 SW 107.

Thank You,
Kathy Hanst

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: **FITNESS DEPOT USA, INC.**

Document Number: **P02000128939**

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
19th day of September, 2003.



Glenda E. Hood

Glenda E. Hood
Secretary of State