

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 20 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000135447

1. Corporation Name

Stokes Personal Training Inc.

2. Principal Office Address - No P.O. Box #
440 NW 88th ST

3. Mailing Office Address
440 NW 88th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
EL Portal, FL

City & State
EL Portal, FL

Zip Country
33150-2428 US

Zip Country
33150-2428 US

7. Name and Address of Current Registered Agent

Name
Schlegel Accounting & Tax Service

Street Address (P.O. Box Number is Not Acceptable)
5 NE 107th ST

Suite, Apt. #, Etc.

City
Miami Shores

State Zip Code
FL 33161-7029

4. Date Incorporated or Qualified
To Do Business in Florida 12/27/2002

5. FEI Number
55-0818944

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 8/16/2009

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
D/P	Dirk W. Stokes	440 NW 88th ST	EL Portal, FL 33150-2428
V/S/T	Dirk W. Stokes	440 NW 88th ST	EL Portal, FL 33150-2428

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 contained in Chapter 119, 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:

Dirk Stokes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dirk W. Stokes, President

08/16/2009

Date

305-528-6391

Daytime Phone #