

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 25 PM 3:08

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
500103983655
06/06/07--01033--020 ***600.00

REINSTATEMENT 04-07
CR2E081 (1/07)

DOCUMENT # PD30000341DS

1. Corporation Name

JPR FITNESS FOR LIFE, INC.

W07-22921

2. Principal Office Address - No P.O. Box #

2381 SARATOGA BAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip 33409

Country

3. Mailing Office Address

2381 SARATOGA BAY DR.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip 33409

Country

4. Date Incorporated or Qualified To Do Business in Florida

3/26/2003

5. FEI Number

77-0598105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JONATHAN P. RUSSO

Street Address (P.O. Box Number is Not Acceptable) 2381 SARATOGA BAY DR.

Suite, Apt. #, Etc.

City WEST PALM BCH FLORIDA State FL Zip Code 33409

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 _____

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
PRES	JONATHAN RUSSO	2381 SARATOGA BAY DR	WEST PALM BEACH, FL 33409
	<u>STWLS</u>		

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: Jonny Russo President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

(561)929-3719

Daytime Phone #