

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 MAY 27 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

@
04-05

DOCUMENT # P03000040597 1. Entity Name ICONS FITNESS, INC.		
Principal Place of Business 14909 SW 80 STREET #214 MIAMI, FL 33193		Mailing Address 14909 SW 80 STREET #214 MIAMI, FL 33193
2. Principal Place of Business 9517 FONTAINBLEAU BLVD Suite, Apt. #, etc. Suite 003 City & State Miami Florida Zip 33172	3. Mailing Address 9517 FONTAINBLEAU BLVD Suite, Apt. #, etc. Suite 003 City & State Miami FL Zip 33172	
4. FEI Number 05242005 REIN-P		CR2E098 (6/04)
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent VARGAS, OSCAR 14909 SW 80 STREET #214 MIAMI, FL 33193		7. Name and Address of New Registered Agent Name BELKYS GARCIA Street Address (P.O. Box Number is Not Acceptable) 9517 FONTAINBLEAU BLVD City MIAMI FL Zip Code 33172
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: <u>Belkys Garcia</u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>		DATE: <u>05/24/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODOY, GLORIA <input checked="" type="checkbox"/> Delete 9581 FONTAINBLEAU BLVD. #304 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGAS, OSCAR <input checked="" type="checkbox"/> Delete 14909 SW 80 STREET #214 MIAMI, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BELKYS GARCIA 9517 FONTAINBLEAU BLVD Suite 003 MIAMI, FLORIDA 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIDALGO, SILVIO <input checked="" type="checkbox"/> Delete 9517 FONTAINBLEAU BLVD. #001 MIAMI, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000055412710 05/27/05--01049--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Belkys Garcia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>05/24/05</u> <small>Date Daytime Phone #</small>