


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

2006 OCT -4 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000081695**

1. Corporation Name
PALMA ROSA FITNESS, INC.

2. Principal Office Address 1021 E. HANTHORNE CIRCLE Suite, Apt. #, etc.		3. Mailing Office Address 1021 E HANTHORNE CIRCLE Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33021	Country US	Zip 33021	Country US

REINSTATEMENT
CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified To Do Business in Florida 7/25/03	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 20-0295449		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ARTHUR C. GREENFIELD	
Street Address (P.O. Box Number is Not Acceptable) 1021 E. HANTHORNE CIRCLE	
Suite, Apt. #, Etc.	
City HOLLYWOOD	State FL
	Zip Code 33021

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 **[Signature]** Date **10/3/06**

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
CEO	ARTHUR C. GREENFIELD	1021 E. HANTHORNE CIRCLE	HOLLYWOOD, FL 33021

100080453781
10/02/06--01023--014 **200.00

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: **[Signature]** **ARTHUR C. GREENFIELD** Date **10/3/06** Daytime Phone # **310-728-9490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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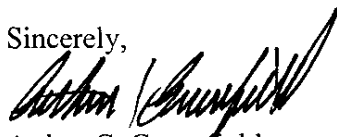
October 3, 2006

Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, Florida 32301

My corporation, Palma Roja Fitness, Inc. (Doc. No. P03000081695) was administratively dissolved on September 16, 2005, as I did not receive the 2005 annual report notice. I request that the \$600 corporate reinstatement fee be waived, as stated in the instructions.

I enclose a check for \$300, representing two equal payments of \$150 for each of 2005 and 2006 in order to reactivate my corporation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arthur C. Greenfield', written over a horizontal line.

Arthur C. Greenfield
President and CEO
Palma Roja Fitness, Inc.