

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100133017821
07/16/08--01032--005 **300.00

DOCUMENT # **P04000044980**

1. Corporation Name

True Pilates Inc.

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

3900 Military Trail

Suite, Apt. #, etc.

Suite 100

City & State

Jupiter, Florida

Zip

33458

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

1/04

5. FEI Number

56-2443038

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jill G. Crowder

Street Address (P.O. Box Number is Not Acceptable)

323 Aegean Road

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

☒ 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. *I moved, and did
a change of address with the
post office, but never received*

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. *a postcard for*

Signature of
Registered Agent

Jill G. Crowder

REGISTERED AGENT MUST SIGN

Date

7/11/08

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
OWNER	Jill G. Crowder	323 Aegean Road	Palm Beach Gardens, FL 33410

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:

Jill G. Crowder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/08

Date

561-236-0430

Daytime Phone #