

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P04000068624

**1. Corporation Name**

Mightyworks Fitness, Inc.

**2. Principal Office Address**

3019 S.E. 22nd Avenue

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34471

Country

U.S.

**3. Mailing Office Address**

Post Office Box 2375

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34478

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/27/04

**5. FEI Number**

20-1062927

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

Joseph & Company, CPAs, Inc.

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

2450 N. Citrus Hills Blvd.

Suite, Apt. #, Etc.

City

Hernando

State  
**FL**

Zip Code  
34442

**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]*

REGISTERED AGENT MUST SIGN

Date

3-29-06

**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
P	Michael Pye	3019 S.E. 22nd Avenue	Ocala, FL 34471
S,T	Angela Pye	3019 S.E. 22nd Avenue	Ocala, FL 34471
			300070467713 04/17/06--01064--003 **150.00
	<i>[Signature]</i>		

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

4/3/06

Daytime Phone #

Mightyworks Fitness, Inc.  
Post Office Box 2375  
Ocala, Florida 34478

April 3, 2006

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Mightyworks Fitness, Inc.  
FEIN: 20-1062927

Dear Sir/Madam:

Enclosed please find the original Corporation Reinstatement for the above corporation together with a check in the amount of \$150.

Our Uniform Business Report was completed and filed prior to the May 1<sup>st</sup> deadline, although the form was returned to us for the Federal Identification Number and the form was misplaced.

Please reinstate the above named entity as soon as possible.

Sincerely,

Michael Pye, President

/mp