

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 004000114219

1. Corporation Name

US 1 of Fitness Inc.

700162765487
11/12/09--01037--001 **300.00

REINSTATEMENT 08-09

CR2E081 (10/09)

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

9804 S Military
Trail

3. Mailing Office Address

4730 Glenn Pine Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bogton Beach

City & State

Bogton Beach

Zip

Country

Zip

Country

33434

33434

4. Date Incorporated or Qualified
To Do Business in Florida

8-4-04

5. FEI Number

161705895

☐ 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

Denise Morris

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

4730 Glenn Pine Ln

Suite, Apt. #, Etc.

City

Bogton

State
FL

Zip Code

33434



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 section 617.0503, F.S.

Signature of
Registered Agent

DM

Date

11/6/09

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
Pres	Denise Morris	4730 Glenn Pine Lane	BB FL 33434
VP	David Kyte	4730 Glenn Pine Lane	BB FL 33434

10. E-mail Address:

yes 2 fitness @ aol.com
(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

DM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-09

Daytime Phone

76180905183