

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P04000156164**

1. Corporation Name

Mariani Fitness Inc.

2. Principal Office Address

3479 Collonade Dr

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33467

Country

USA

3. Mailing Office Address

3479 Collonade Dr.

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33467

Country

USA

FILED

05 OCT -6 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800060300788
10/06/05--01045--005 **750.00

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/04

5. FEI Number

651237960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE ADDITIONAL FEES REQUIRED
FOR A Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark Mariani

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

3479 Collonade Dr.

Suite, Apt. #, Etc.

City

Wellington

State
FL

Zip Code

33467

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

Mark Mariani

Date

9/28/05

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
P	Mark Mariani	3479 Collonade Dr	Wellington, FL 33467
V	Catherine Mariani	3479 Collonade Dr.	Wellington, FL 33467

REINSTATEMENT 05

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 under section 119.07(3)(i), 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:

Mark Mariani

MARK MARIANI

9/28/05

954.232.0501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #