FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P05000101936

1. Entity Name



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TOP FITNESS, INC.			SECRETARY OF SIAIF	
DO NOT WRIT	E IN THIS	SPACE	SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 2248 Whale Harbor Lane 3. Mailing Address 2248 Whale Harbor				
Suite, Apt. #, etc.	Suite, Apt. #, e	tc	DO NOT WRITE IN THIS SPACE	
City & State Fort Lauderdale, Florida City & State Fort Lauderdale, Florida		rdale, Florida	4. FEI Number 20-3178813 Applied For Not Applicable	
Zip Country 33312	Ζίρ 33312	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
		N	7. Name and Address of Current Registered Agent	
DO NOT WEITE		Name SPI	Name SPIEGEL & UTRERA, P.A.	
DO NOT WRITE IN THIS SPACE 8. The above named entity sybmits this statement for the pyrpose of changing its regist		Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
			thwest 22 Street, 4th Floor	
		^{City} Miami		
SIGNATURE By: Signature, tylery 14 May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department 10. OFFICERS A		Natalia Utrera, Vice	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
NAME PSTD NAME Whedon, L. Suzanne		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP Fort Lauderdale, Florida 33	1312	STREET ADDRESS CITY-ST-ZIP		
ITILE NAME STREET ADDRESS CITY-ST-ZIP			EINSTATEMEN 66	
TITLE NAME STREET ADDRESS CHY-S1-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
NHLE NAME STREET ADDRESS UNY-S1-2IP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		111LE NAME STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i). Florida Statutes. I further certify that the information	

inquated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

Suzanne Whedon, Pres

Daylime Phone #

DEC 1 9 2006

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

STATE OF FLORIDA) COUNTY OF BROWARD)

- 1. L. Suzanne Whedon is the President of TOP FITNESS, INC., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation was administratively dissolved by the Florida Department of State on September 15, 2006.
- 3. That the Corporation failed to file its 2006 Annual Report or pay the 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- 4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2006 Annual Report fees and the filing of its 2006 Annual Reports, which are presented simultaneously with this Affidavit.
- TOP FITNESS, INC. satisfies the requirements of the Florida Statutes 607.0401.
- No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 13 day of De CEMBER, 2006

FURTHER, AFFIANT SAYETH NOT

TOP FITNESS, INC.

By: C-organic C

L. Suzanne Whedon, President

NOTARY PUBLIC-STATE OF FLORIDA
BETH LAHTELA
Commission # DD557961
Expires: JUNE 01, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

SWORN AND SUBSCRIBED

before me this 13 day of Dec

Notary Public, State of Florida at Large Printed Name: John Lohkel

Commission Expires: 6/1/10

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