

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P06000050284**

1. Corporation Name

Personal Fitness with Jordy, Inc

(new address)

~~2107000000087~~

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

1302 Redwood Ln

Suite, Apt. #, etc.

3. Mailing Office Address

1302 Redwood Ln

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32563

Country

USA

Zip

32563

Country

USA

7. Name and Address of Current Registered Agent

Name

David J Van Arh

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

1302 Redwood Ln

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

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

X DJ Van Arh

Date 4/29/09

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
P	David J Van Arh	1302 Redwood Ln	Gulf Breeze, FL 32563
	<i>fm/8</i>	<i>07-09</i>	

**REINSTATEMENT** **900155467099**  
05/05/09--01041--023 \*\*300.00

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: David J Van Arh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J Van Arh

4/29/09 850-712-1913

Date

Daytime Phone #

FILED

09 JUN 29 PM 12:24

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
For 2008

**900155467099**

07/08/09--01040--016 \*\*150.00

**REINSTATEMENT 07-09**

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/7/06**

5. FEI Number

**26-0257243**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required  
for a Certificate of Status

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.