

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 29 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
For 2008

DOCUMENT # **PO6000050284**

1. Corporation Name
Personal Fitness with Jordy, Inc

(new address) **11040000 20087**

2. Principal Office Address - No P.O. Box #
1302 Redwood Ln

3. Mailing Office Address
1302 Redwood Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gulf Breeze, FL

City & State
Gulf Breeze, FL

Zip
32503

Country
USA

Zip
32503

Country
USA

7. Name and Address of Current Registered Agent

Name
David J Von Arb

Street Address (P.O. Box Number is Not Acceptable)
1302 Redwood Ln

Suite, Apt. #, Etc.

City
Gulf Breeze

State
FL

Zip Code
32503

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 D J Von Arb**

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 Von Arb	1302 Redwood Ln	Gulf Breeze, FL 32503
	7/7/8		

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: **D J Von Arb**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J Von Arb

4/29/09
Date

Daytime Phone #