

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 10 A 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000163501000
12/10/09--01007--006 **150.00

CR2E081 (11/09)

DOCUMENT # P07000025892

1. Corporation Name

THUNDER GYM OF MIAMI INC.

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

59 BEACOM BLVD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

3. Mailing Office Address

59 BEACOM BLVD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2007

5. FEI Number
20-8529493

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

GUSTAVO E. PEREZ

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

59 BEACOM BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

☒ 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 617.0503, F.S.

Signature of
Registered Agent

Date 12-09-09

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	GUSTAVO E. PEREZ	59 BEACOM BLVD	MIAMI, FL 33135

10. E-mail Address:

(To be used for future annual report notification)

11. 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. 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:

GUSTAVO E. PEREZ

12-09-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT
2009
PS