PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 APR 21 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P13000100565

1. Corporation Name
DKV FITNESS GYMS PARKLAND INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7271 N. STATE ROAD 7	7271 N. STATE ROAD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
-	-
City & State	City & State
PARKLAND, FLORIDA	PARKLAND, FLORIDA
Zip / Country	Zip / Country
33073 / USA	33073 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/2013

5. FEI Number: 46-4346512 ☐ 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: Registered Agents Inc
Street Address (P.O. Box Number is Not Acceptable): 7901 4th St N
Suite, Apt. #, Etc.: STE 300
City: St. Petersburg | State: FL | Zip Code: 33702

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04/23/20--01004--002 **75.00

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: Bill Name Date: 04/20/2020
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
MR	DIVYANG VED.	7271 N. STATE ROAD 7 PARKLAND	PARKLAND FLORIDA 33073
		REINSTATEMENT	
			2020

10. E-mail Address: david@DKVFITNESS.com
(To be used for future annual report notifications)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 4/20/20 6462830646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #