

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 OCT 1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P40706

1. Corporation Name  
SWIM AND SWEAT, INC.

1996 Annual Report

Principal Place of Business ~~39 STANLEY ROAD~~ FEED MILL RAZA  
FLEMINGTON NJ 08822  
Mailing Address ~~39 STANLEY ROAD~~ FEED MILL RAZA  
FLEMINGTON NJ 08822



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/30/1992	
City & State		City & State		5. FEI Number 22-2926042	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DCP	WEIDENFELD, MILDRED	36 INVERRAY PLACE	ANNANDALE NJ
DS	SERBVINSKI, JUDY	15 PINE HILL RD.	ANNANDALE NJ
D	BASTINELLI, WALTER, SR.	11685 POINT CIRCLE DR.	FT. MYERS FL 33908
			300001976723--2 -10/16/96--01047--014 ****200.00 ****200.00
			JB10-15-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BASTINELLI, WALTER, SR. 11685 POINT CIRCLE DR. FT. MYERS FL 33908		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Walter Bastinelli Sr Date: 9/25/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Judith Serbinski JUDITH SERBINSKI 9/25/96 600-862-4176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)

# SWIM & SWEAT, INC.

39 HIGHWAY 12 • FLEMINGTON, NJ 08822 • 610-863-4176 • FAX: 610-863-7838

---

September 19, 1996

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find our check in the amount of \$200.00 paying our 1995 Corporation Annual Report Fee. Please note that we have had no prior correspondence from your office in regard to this tax. Perhaps this is because of the address change noted on the form which we had advised you of previously.

In any case, we certainly request that you accept this in payment of our obligation. You will note that we have filed all other required Florida Corporate taxes on a timely basis.

Sincerely,



Stephen S. Silberman  
Controller