

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W 05000046367

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 17 AM 11:47

DOCUMENT # P93000013525

1. Corporation Name

Titusville Family Fun & Fitness
Center Inc.

2. Principal Office Address

4745 Apollo Rd

Suite, Apt. #, etc.

3. Mailing Office Address

4745 Apollo Rd

Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Titusville FL

Zip

32780

Country

United States

Zip

32780

Country

USA

REINSTATEMENT 99-05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2-18-1993

5. FEI Number

59-3180285

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

Sheryl Prady

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

4755 Apollo Rd

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32780

500060298185
10/06/05--01039--003 **1058.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8-10-05

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/O	Sheryl Prady	4755 Apollo Rd	Titusville FL 32780

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheryl Prady

8-10-05

Date

321-3834466

Daytime Phone #

2 of 2

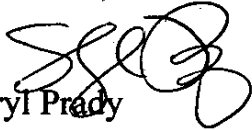
To Whom It May Concern,

Please waive the \$600.00 Reinstatement Fee for my incorporation, Titusville Family Fun & Fitness Center. I did not receive notice to file and or reincorporate in 1999. My current mailing address is 4755 Apollo Rd Titusville Fl 32780. My mailing address used to be 4811 Sisson Rd Titusville Fl 32780.

I called your state office and explained my situation and was told that this letter would allow you to waive \$600.00 of the reinstatement fees.

Thank You,

Sheryl Prady

A handwritten signature in black ink, appearing to read 'Sheryl Prady', written over the printed name.