

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 AUG 11 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037353

1. Corporation Name

B-Fit, Inc.

Principal Place of Business

Mailing Address

**1441 Pelham Rd.
Wellington, Fl. 33414**

**1441 Pelham Rd.
Wellington, Fl. 33414**

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

2. New Principal Office Address, If Applicable
2101 N. University Drive

3. New Mailing Office Address, If Applicable
6800 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sunrise, Fl. 33322

City & State
Ft. Lauderdale, Fl.

Zip Country
33319 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/93

5. FEI Number
65-0413178

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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
P/D	Rick Berks	2101 N. University Drive	Sunrise, Fl. 33322

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-08/14/97--01044--004
*****1245.00 ***1245.00**

REINSTATEMENT 94-97

Q. Man
8/11/97

8. Name and Address of Current Registered Agent

**Samuel Velez, Jr.
1441 Pelham Rd.
Wellington, Fl. 33414**

9. Name and Address of New Registered Agent

Name **Herbert H. Rolnick**
Street Address (P.O. Box Number is Not Acceptable)
6800 W. Commercial Blvd.
Suite, Apt. #, Etc.
Suite 5
City **Ft. Lauderdale,** State **FL** Zip Code **33319**

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

[Signature]

REGISTERED AGENT MUST SIGN

Herbert H. Rolnick

Date **7/30/97**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Rick Berks

7/30/97

Date

954-742-9100

Daytime Phone #

CFR2040 (12/96)