PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

-
CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

04 MAY -5 AM 8:00

DOCUMENT #	193000039823
------------	--------------

1. Corporation Name

NEW BODY TECHNOLOGY INC

REINS	TAT	EMEN	10	3-04

				II		
2. Principal Office Address 30701 US HWY 19N		3. Mailing Office Address  JAME		and participated specific spec	MRD	
				800035533618		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/05/0401046004 **300.00		
				4. Date Incorporated or Qualified To Do Business in Florida  5/93		
City & State PALM-HARBOR, FL		City & State				
				5. FEI Number	Applied For	
				59-3196524	Not Applicable	
34684	PINELLAS	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	3975 Additional Reseasulted light Resulting	
		7. Na	ame and Address of Current F	Registered Agent	- Sea difference in age,	

7. Name and Address of Current Registered Ager	nt
Name Patrick L. Conway	
Street Address (P.O. Box Number is Not Acceptable) Forest Drive	
Suite, Apt. #, Etc.	
City Palm Harbor	State Zip Code

							_
8.	I, being appointed the registered	agent of t	he above	named corporation, am familia	with and accept the obligations of sect	ion 607.0505 or 617.0503, F.S.	
		Λ					

Signature of Registered Agent \_

Patrick

L Conway
REGISTERED AGENT PUST

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

Date 4-28-04

Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip

P SCOTT YECKINEVICH 3595 WHISPERING DAKS IN PALH HARBOR, FL 34684

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. Ind my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

727-186-1915

R2F081 (10/02)

April 28, 2004

Florida Department Of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To Whom It May Concern,

-We-moved our business June 3, 2002 and did not receive any notice about our Renewal of the corporate name New Body Technology Inc.. Please find enclosed The Corporation Reinstatement form and a check in the amount of \$300.00. This if for the yearly fee \$150.00 for 1993 and \$150.00 for 1994.

I called on April 21, 2004 at 9:30 am and spoke with Ula and she said to write this letter To get the Reinstatement Fee of \$600.00 waived because we had changed addresses and Never received any notification of renewal.

If you have any questions please give me a call at 727-786-1915. Thank You.

Sincerely,

Patrick L. Conway

General Manager

New Body Technology Inc. DBA

Patrick L. Conway

World Gym

30701 U.S. Hwy. 19 N.

Palm Harbor, Fl 34684