

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

97 AUG 22 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H94000005492

1. Corporation Name

994000014319

American Exercise Equipment, Inc.

Principal Place of Business

Mailing Address

11503 N.W. 10th Street 11503 N.W. 10th Street  
Pembroke Pines, FL 33026 Pembroke Pines, FL 33026

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

June 14, 1994

5. FEI Number

65-0504036

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, D	Cynthia Watson	11503 N.W. 10th Street	Pembroke Pines, FL 33026
VP, D	Daniel Pace	11503 N.W. 10th Street	Pembroke Pines, FL 33026

300002277183--3

-08/26/97--01028--003

\*\*\*1080.00 \*\*\*1080.00

JB  
8-25-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Cynthia Watson  
6187 N.W. 167th Street H-10  
Miami, Florida 33015

Name

Paul A. Koprowski CPA

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

10031 Pines Boulevard #224

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

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

Date

8/19/97

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:

*Cynthia Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CYNTHIA WATSON PRESIDENT

Date

8/19/97

Daytime Phone #

(954) 433-1255

CR2040 (12/96)