

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 PA4000014319
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

REINSTATEMENT 95-97

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 June 14, 1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 65-0504036 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 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 |
|------------|-------------------------------------|---|--------------------------|
| 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 |
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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

CPRE040 (12/96)