

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

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

DOCUMENT # P94000063360

1. Corporation Name

BODYMAKERS INC.

Principal Place of Business

Mailing Address

5970 S.W. 18TH STREET
184
BOCA RATON FL 33433
US

5970 S.W. 18TH STREET
184
BOCA RATON FL 33433
US

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

08/29/1994

5. FEI Number

65-0516249

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	RUE, SUSAN L	5970 SW 18TH ST. #184	BOCA RATON FL
			300002983183--8
			-09/10/99--01008--011
			****350.00 ****350.00
			98-99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUE, SUSAN L
5970 S.W. 18TH STREET
184
BOCA RATON FL 33433

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

Mar 99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN RUE

Date

Daytime Phone #

Mar 99

CR2E040 (9/98)

Mar. 99

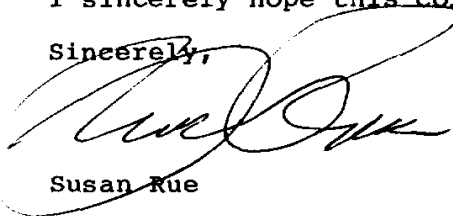
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Dear Sir,

I called the number given (850) 487-6059 when I received this form in the mail. I told the man on the phone that my husband handled all the bookwork prior to our divorce.

This was the first time I had received anything from you or I would have responded immediately! This part of the business is all new to me and I am trying to grasp as much and as fast as I can but this was the first I knew of a renewal fee. Nothing has ever been sent to me to notify me that I was in violation... I would never have ignored something so important. He informed me to put that in writing and to enclose a check of \$350.00. Enclosed you will find my check for \$350.00. I sincerely hope this corrects the error.

Sincerely,



Susan Rue