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DOCUMENT # P9400063360 1. Entity Name BODYMAKERS INC. Principal Place of Business 2155 \$ OCEAN BLVD 5970 S.W. 18TH STREET # 12 # 184 DELRAY BEACH FL 33483 US BOCA RATON FL 33433 US					FILED					Ş		
				02	02 DEC 10 PM 12: 50					Ş		
					S TA	SECRETARY OF STATE TALLAHASSEE. FLORIDA						
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State		4.	FEI Number	65-0516249			applied For lot Applicable	e		
Zip	;1	Country	Zip	Cou	Country		Certificate of	Status Desired		\$8.75 Ac	dditional	_
	6. Name	e and Address of Current F	Registered Agent		-	7.	Name and A	ddress of New R				_
RUE, SUSAN L 5970 S.W. 18TH STREET # 184 BOCA RATON FL 33433				Name —Street Address (P.O. Box Number is Not Acceptable)								
8. The above	e named entil tions of regis	ty submits this statement for						in the State of Flo		Zip Coo		
Tax filing	oration is eliç	pible to satisfy its Intangible and elects to do so.	FILE NOW After September 13 Make Check Paya	!!! FEE 3, 2002	IS \$550.0 Fee will be epartment	\$750.00 of State	10. Elect	ion Campaign Fin Fund Contribution	n. 🗆	Adde	OO May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete Till NA 5970 SW 18TH ST. #184			TITL NAM STRI	E	71		00008· -10/18.	4412	□ Change ? 5 1 1022	☐ Addition —— (3 00(5	CR2E034 (4/02)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						I	Change	☐ Addition	
13. I hereby of indicated of the correction of the structure of the struct	poration or the or on an atta	e information suppried with the receiver or trustee empowachment with an address, with the receiver or trustee empowachment with an address, with the receiver or trustee empowachment with an address, with the receiver of t	nis filing does not qualify for the and accorate and that remed to execute this report that of the like empowered	ny signat as requi	lure shall ha red by Chap	ve the same I ter 607, Florid	legal effect a da Statutes;	Florida Statutes. I s if made under o and that my name	further certifath; that I an appears in	y that the in an officer Block 11 or	nformation or director r Block 12 if	
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BODYMAKERS, INC. 5970 Southwest 18th Street #184 Boca Raton, Florida 33433-7197 561-442-0074

Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

September 25,2002

Gentlemen:

Yesterday, another person in the shopping mall where my business is located, gave my this annual report and told me that it was put in her mailbox, in error, a few weeks ago. There are over 200 mail slots in central mail receptical in my mall.

I call my CPA and he told me that it should have been paid by May 2002.

I always pay my bills on time and I only see my CPA annually or he would have advised my that the \$ 150.00 annual report fee had not been paid.

Please reinstate my corporation, and accept the completed form and the enclosed check for \$ 150.00.

Your attention to this matter is greatly appreciated.

Yours Truly

Susan L. Rue President

Bodymakers, Inc.