

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 SEP 23 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066806

1. Corporation Name

State Of The Art Fitness, INC

2. Principal Office Address - No P.O. Box #

2601 S. Bayshore Dr

Suite, Apt. #, etc.

7th floor garage

City & State

COCONUT GROVE, FLA

Zip

33133

Country

DADE

3. Mailing Office Address

2601 S. Bayshore Dr

Suite, Apt. #, etc.

7th floor garage

City & State

COCONUT GROVE, FLA

Zip

33133

Country

DADE

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

1994

5. FEI Number

65-0520495

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carel Vanteperis

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

2601 S. Bayshore Dr, 7th floor

Suite, Apt. #, Etc.

COCONUT GROVE

City

MIAMI

State

FL

Zip Code

33133

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Carel Vanteperis

Date

9/18/08

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	<u>Rael Vanteperis</u>	<u>12982 SW 142nd Ter</u>	<u>MIAMI, FLA 33186</u>
Secretary	<u>Carel Vanteperis</u>	<u>12982 SW 142nd Ter</u>	<u>MIAMI, FLA 33186</u>

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 contained in Chapter 119, 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:

Carel Vanteperis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/08

Date

Daytime Phone #

31858 5886

1082

8/22



2082

September 18, 2008

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to notify the Department of State that State of The Art Fitness did not receive the annual report notices in the year of dissolution/revocation.

The Department of State did receive a check in the amount of \$550.00. The validation number is 10/04/0701012014. Please contact me should you have any questions. Thank you for consideration.

Carol Vanterpool

A handwritten signature in black ink, appearing to read 'Carol Vanterpool', is written over the printed name.