

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1998 APR -2 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 094000068889

1. Corporation Name COOPER UNLIMITED INC  
d/b/a FIT AMERICA

Principal Place of Business Mailing Address  
23038 SANDALFOOT PLAZA DR  
BOCA RATON, FL 33428

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 9/16/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0544730	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
				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
PRES	SCOTT COOPER	705 AVE L	DEERHAY Bch, FL 33483
VICE PRES	IRMA COOPER	5083A SPLENDIDO CT	BOYNTON Bch FL 33437

8000002480808-3

04/07/98-01038-005

\*\*\*1200.00 \*\*\*1200.00

REINSTATEMENT

3/28/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name		EVERY CONTE	
Street Address (P.O. Box Number is Not Acceptable)		550 NE 43 ST	
Suite, Apt. #, Etc.		202	
City	Boca Raton	State	FL
		Zip Code	33431

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 *Every Conte*  
REGISTERED AGENT MUST SIGN

Date 3/28/98

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: *Irma Cooper* IRMA COOPER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/98  
Date

561-375-9543  
Daytime Phone #

CR2E040 (1/98)