

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JUL 31 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000090249**

1. Entity Name  
**EXERCISE FASHION & TRADING CORP.**



Principal Place of Business  
**777 N.W. 72ND AVE.  
3G15  
MIAMI, FL 33126 US**

Mailing Address  
**777 N.W. 72ND AVE.  
3G15  
MIAMI, FL 33126 US**

2. Principal Place of Business - No P.O. Box #  
**14354 SW 136 CT**

3. Mailing Address  
**14354 SW 136 CT**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33186**

Country  
**US**



07232008 REIN-P CR2E098 (1/07)

4. FEI Number  
**65-0544224**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**APONTE, MARTHA  
14354 SW 136 COURT  
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APONTE, MARTHA 14354 SW 136 CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APONTE, JUAN CARLOS 14354 SW 136 CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT**  
**07-08**  
**700133970167**  
**08/05/08--01005--008 \*\*300.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #