

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED 01/2
FILED

**APPLICATION
FOR
REINSTATEMENT**



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

98 JAN 21 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000027137**

1. Corporation Name
SURPAT, INC.

97-98 AR

Principal Place of Business
**2740 N ROOSEVELT BLVD
KEY WEST FL 33040**

Mailing Address
**2740 N ROOSEVELT BLVD
KEY WEST FL 33040**



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 04/05/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0569153	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
PD	SMITH-LOBERT, KAREN Y	1501 E. TINDAL ST 2740 N. Roosevelt Blvd	KEY WEST FL 33040
VD	LOBERT, BRIAN CAVEN, GLEN O.	1501 E. TINDAL ST 2740 N. ROOSEVELT BLVD	KEY WEST FL 33040
S	CREASOR, SHERI	3127 PELL MELL DRIVE	ORLANDO, FL. 32808
			400002410924--7 -01/23/98--01121--014 ****315.00 ****315.00
			<i>A. Alan</i> <i>Jan. 21, 1998</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORRIN MANUEL 800 GUNTON STREET KEY WEST FL 33040	Name SMITH-LOBERT, KAREN Y.		
	Street Address (P.O. Box Number is Not Acceptable) 2740 N. ROOSEVELT BLVD		
	Suite, Apt. #, Etc.		
	City KEY WEST	State FL	Zip Code 33040

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **01/20/98**

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:

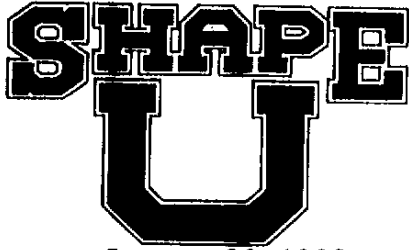
[Signature]
K. Y. SMITH-LOBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/98

305-292-6323

Date Daytime Phone #

CP2040 (8/97)



January 20, 1998

2740 N. Roosevelt Blvd. • Key West, Florida 33040
305/292-6323

KEY WEST'S ONLY FAMILY FITNESS CENTER!

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

RE: DOCUMENT # P95000027137, SURPAT INC.

Dear Sir or Madam:

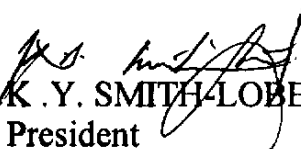
As per my conversation with an assisting examiner this date, enclosed please find check number 2105 for the application for reinstatement of SURPAT INC. and a certified copy of death of Brian Lobert, Secretary.

Please be advised that I, Karen Yvonne Smith-Lobert, President was not aware of the administrative dissolution due to the fact that my deceased spouse, the Secretary was originally assigned the duties of reinstatement. I am personally reviewing all outstanding documents and came across this document. I have responded as quickly as time would allow.

I respectfully request all penalty charges be waived due to my circumstances.

Being the only survivor, I have taken full knowledge and responsibility of SURPAT INC.

To your good health,


K.Y. SMITH-LOBERT
President

Encl: Check number 2105
Certified Copy of Death Certificate, Brian Lobert