

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

96 DEC 20 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000028078**

1 Corporation Name

SUPERIOR GYM SERVICE, INC.

Principal Place of Business

16395 E. AQUADUCT DRIVE
LOXAHATCHEE FL 33470

Mailing Address

16395 E. AQUADUCT DRIVE
LOXAHATCHEE FL 33470



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 04/10/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0592806	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
D	RESENDES, MABEL	POST OFFICE BOX 210683	ROYAL PALM BEACH FL 33421
S	RESENDES, HELDER	POST OFFICE BOX 210683	ROYAL PALM BEACH FL 33421
			100002039041--4
			-12/27/96--01043--004
			****375.00 ****375.00
REINSTATEMENT <i>1996</i>			
<i>G. Allen</i> <i>12/20/96</i>			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MACGIBBON, B D ESQ. 1615 FORUM PLACE STE 200 WEST PALM BEACH FL 33401		Name <i>MARTIN V. De Lisi EA</i> Street Address (P.O. Box Number is Not Acceptable) <i>4361 Northlake Blvd</i> Suite, Apt. #, Etc. City <i>Royal Beach Gardens</i> State FL Zip Code 33410	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Mabel Resendes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #