

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 19 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

TRAINERS GYM, INC.

2002 436
95000040714

2. Principal Office Address

212 BRAZILIAN AVE.

Suite, Apt. #, etc.

City & State

PALM BEACH, FL 33408

Zip

33408

Country

USA

3. Mailing Office Address

212 BRAZILIAN AVE.

Suite, Apt. #, etc.

City & State

PALM BEACH, FL.

Zip

33408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05-23-1995

5. FEI Number

65-0594661

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

BRIDGETT MARX

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

739 SUNSET RD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

200009595752
12/19/02--01030--003 **158.75

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

Bridgett Marx
REGISTERED AGENT MUST SIGN

Date

Dec 17, 2002

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
P	BRIDGETT MARX	739 SUNSET RD	W. PALM BEACH, FL

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 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:

Bridgett Marx
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec 17, 2002

CR2E081 (9/01)