


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 # **95000040714**

1. Corporation Name
TRAINERS GYM, INC.

2. Principal Office Address 212 BRAZILIAN AVE.		3. Mailing Office Address 212 BRAZILIAN AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH, FL 33408		City & State PALM BEACH, FL.	
Zip 33408	Country USA	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
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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* Date *Dec 17 2002*

REGISTERED AGENT MUST SIGN

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* Date *Dec 17 2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2081 (9/01)