

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 JUN 15 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040714

1. Corporation Name

TRAINERS GYM, INC.

W07-26758

2. Principal Office Address - No P.O. Box #

235 Sunrise Ave

Suite, Apt. #, etc.

C23

City & State

Palm Beach FL

Zip

33480

Country

Palm Beach

3. Mailing Office Address

235 Sunrise Ave

Suite, Apt. #, etc.

C23

City & State

Palm Beach FL

Zip

33480

Country

Palm Beach

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

1996

5. FEI Number

650594661

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 M Marx

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

739 Sunset Rd.

Suite Apt # Etc.

City West Palm Beach

State

FL

Zip Code

33401

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 May 22 2007

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 |
|--------|-----------------------------------|--|--------------------------|
| Owner | Bridgett Marx | 739 Sunset Rd. | West Palm Beach FL 33401 |
| | | | |
| | | | |
| | | | |

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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 contained in Chapter 119, 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

May 22 2007
Date Daytime Phone #

(561) 659-4773

B. Mitchell JUN 15 2007