

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV - 6 AM 9:44 QSI/K

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P9500048249
Advanced Muscle Technologies, Inc.
2719 Versailles Ct.
Ponte Vedra Beach, Fl.
32082

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
City and State Zip Code

4. Date incorporated or Qualified To Do Business in Florida

June 21st 1995

5. FEI Number

59 3322 799

FEI Number Applied For

FEI Number Not Applicable

6.

3075

CERTIFICATE OF STATUS DESIRED

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
P/T/S.	Kirk M. Sloan	2719 Versailles Ct.	Ponte Vedra Beach, Fl. 32082
D.	William David Shields	1814 Holly Oaks Lake Rd East	Jacksonville, Fl. 32225
D.	Ken Bush	368 First Street	Atlantic Beach, Fl 32233
D.	Robert Nelson	1970 Beach Ave.	Atlantic Beach, Fl. 32233

30000200214359
-11/13/96-01030-001
***375.00 ***375.00

REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

8. Name and Address of Current Registered Agent

Name Kirk M. Sloan
Street Address (Do NOT Use P.O. Box Number) 2719 Versailles Ct.
Street Address (Do NOT Use P.O. Box Number)
City Ponte Vedra Beach State FL Zip 32082

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 *K M Sloan*
REGISTERED AGENT MUST SIGN

Date 11.4.96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director *K M Sloan* Date 11.4.96 Daytime Phone # 904-273-6750
Typed or printed name of signing officer or director Kirk M. Sloan