

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUL 22 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006102 (3)

1. Corporation Name  
INOXEX FITNESS, INC.

700002953057--6  
-08/06/99--01080--010  
\*\*\*\*465.00 \*\*\*\*465.00

700002953057--6  
-08/06/99--01080--011  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

Principal Place of Business Mailing Address  
2515 S. State Rd 7 606 Commodore Drive  
Hollywood, FL Plantation, FL  
33023 33325

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  
2515 S. State Rd 7 606 Commodore Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 1/24/1996

City & State City & State  
Hollywood, FL Plantation, FL  
Zip Country Zip Country  
33023 USA 33325 USA

5. EEL Number 65-0634723- Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	Daniel Paternoster	606 Commodore Dr.	Plantation, FL 33325

96-99 AR

8. Name and Address of Current Registered Agent

Daniel Paternoster  
606 Commodore Drive  
Plantation, FL 33325

9. Name and Address of New Registered Agent

Name DANIEL PATERNOSTER  
Street Address (P.O. Box Number is Not Acceptable)  
606 Commodore Drive  
Suite, Apt. #, Etc.  
City Plantation State FL Zip Code 33325

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 [Signature]  
REGISTERED AGENT MUST SIGN

Date 7/14/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99 (954) 964-9999  
Date Daytime Phone #

CP-9061 (12/98)

INOVEX FITNESS, INC.  
606 COMMODORE DRIVE  
PLANTATION, FL 33325  
(954) 964-9999

Florida Dept of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 3232

RE: P96000006102 (3)  
65-0634723

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To whom it may concern:

When I moved in 1997, I informed my attorney of my change of address status, as he received all of my corporate correspondence. Much to my dismay, my attorney's secretary did not acknowledge the change and continued to forward all mail to my previous address.

Yesterday (July 13, 1999), I met with an accountant and was informed for the first time, that my annual report was late. We called your office and spoke to Tyrone Scott who was very understanding of my situation and told me to send out a check immediately for \$465.00, which I am enclosing at this time, along with another check in the amount of \$8.75 so I may receive a Certificate of Status.

I thank you for your consideration.

Very truly yours,

Daniel Paternoster  
Inovex fitness, Inc.

