

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047160

1. Corporation Name

PHAT FITNESS, INC
dba TANGERINES FIRM FITNESS

2. Principal Office Address

928 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

3. Mailing Office Address

928 N FEDERAL HWY

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/96

5. FEI Number

65-0671698

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

TANGERINE MANNING

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

928 N FEDERAL HWY

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

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

Tangerine Manning
REGISTERED AGENT MUST SIGN

1231-03 Resident

Date

12-31-03

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
Pres. V.P.	TANGERINE MANNING	928 N FEDERAL HWY FORT LAUDERDALE	FORT LAUDERDALE, FL 33304

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-04 954-767-6277

FILED

04 JAN 26 AM 11:21

SECRETARY OF STATE
FLORIDA
REINSTATEMENT 02-04

200025970012
01/26/04--01011--015 **150.00

200025970012
01/05/04--01017--022 **750.00

CR2E081 (10/02)