

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 AM 11:42

DOCUMENT # P96000057642

1. Corporation Name

Physiques of the Future, Inc.

2. Principal Office Address

9521 Fontainebleau Boulevard

Suite, Apt. #, etc.

Suite 2

City & State

Miami, FL

Zip

33172

Country

Miami-Dade

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

City & State

Zip

Country

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

07/09/1996

5. FEI Number

65-0679091

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-04

7. Name and Address of Current Registered Agent

Name

Frances Lopez-Jennings

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

9521 Fontainebleau Boulevard

Suite, Apt. #, Etc.

Suite 2

City

Miami

State

FL

Zip Code

33172

800031846628

04/05/04--01073--003 **1215.00

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

Frances Lopez-Jennings

REGISTERED AGENT MUST SIGN

Date 03/11/2004

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
PSTD	Frances Lopez-Jennings	9521 Fontainebleau Boulevard Suite 2	Miami, FL 33172

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:

Frances Lopez-Jennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/2004

Date

305-720-7331

Daytime Phone #

CR2001 (01/04)