

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

97-07



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 26 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA6000068338**

1. Corporation Name

Seek A Physique, Inc.

2. Principal Office Address

1172 South Dixie Highway

Suite, Apt. #, etc.

Suite 114

City & State

Coral Gables

Zip

33146

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

800021089938

06/23/03--01126--002 **1065.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/1996

5. FEI Number

65-0682171

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

Silvio Schillen

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

1172 South Dixie Highway

Suite, Apt. #, Etc.

Suite 114

City

Coral Gables

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date **6/12/03**

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
P	Silvio Schillen	1172 South Dixie Highway #114 Coral Gables, FL 33146	
VP	Silvio Schillen	1172 South Dixie Highway #114 Coral Gables, FL 33146	MIAMI, FL 33146
T	Silvio Schillen	1172 South Dixie Highway #114 Coral Gables, FL 33146	MIAMI, FL 33146
S.	Silvio Schillen	1172 South Dixie Highway #114 Coral Gables, FL 33146	MIAMI, FL 33146

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

6/12/03

Date

Daytime Phone #

CR2E081 (10/02)

6/24