

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 15 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069924

1. Corporation Name

HOME AND COMMERCIAL FITNESS, INC.

1885 W. NEW HAVEN AVE. 1885 W. NEW HAVEN AVE

2. Principal Office Address

W. MELBOURNE, FL 32904

3. Mailing Office Address

W. MELBOURNE, FL 32904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/1996

5. FEI Number

59-3395326

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

William Hawk

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

1885 HADSON AVE.

Suite, Apt. # Etc

R

ROCKLEDGE

800076404203

06/21/06-01004-023 **750.00

State
FL

Zip Code

32955

8. I, being appointed the registered agent of the above named corporation, am tendering with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/13/06

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 DirectorsStreet Address of Each
Officer and/or Director

City / State / Zip

D HAWK, William

1885 W NEW HAVEN AVE

W. MELBOURNE, FL 32904

10. I certify that I am an officer or director of 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 617.6401, 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 contained in Chapter 119, 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

6/13/06 (321) 958-4292

Date

Daytime Phone #

June 12, 2006

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

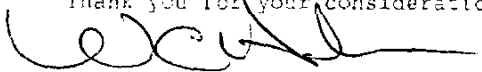
To Whom It May Concern:

Please find enclosed our company's check for \$700.00 to cover the annual corporation fee for 2002, 2003, 2004, 2005 & 2006.

The reason for the late filing is that ALL of our mail has been mailed to 2545 West New Haven Avenue and our actual address is 1805 Hudson Drive so we did not receive any of the original reports.

Based on the above reason, we ask for the penalties and reinstatement fees to be waived.

Thank you for your consideration.



Home & Commercial Fitness, Inc.
Bill Hahn