PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA 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	3. Mailing Office Address
W. MELBOURNE, FL. 32904	W. MELBOURNE, FL. 32904
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 02-06-

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 8/21/1996

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 HAHN

Street Address (P.O. Box Number is Not Acceptable): 1805 HUDSON AVE.

800076404203
06/21/06--01004--023 **750.00

Suite, Apt. # Etc:

City: ROCKLEDGE State: FL Zip Code: 32955

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: _____ Date: 6/13/06
REGISTERED AGENT MUST SIGN

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
D	HAHN, WILLIAM	1885 W NEW HAVEN AVE	W. MELBOURNE, FL 32901
		6/15	

10. I certify that I am an officer or director of the corporation 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 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: _____ 6/13/06 (321) 952-4292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 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