

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

98 NOV 30 PM 12:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000071288**  
 1. Corporation Name  
**RX: FITNESS, INC.**

Principal Place of Business 375 83RD AVENUE NORTH ST PETERSBURG FL 33701	Mailing Address 9371 US HWY 19 N SUITE C PINELLAS PARK FL <del>33556</del> 33782 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 08/26/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3412517
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LENHART, KAREN C	6907 16TH ST NE	ST PETERSBURG FL

100002707521 6  
 -12/09/98--01074--019  
 \*\*\*\*150.00 \*\*\*\*150.00

*12/3*

8. Name and Address of Current Registered Agent MCLEOD, PHILIP A 540 FOURTH STREET NO ST. PETERSBURG FL 33701	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11/13/98  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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]* **SIGNATURE REQUIRED** Date 11/13/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)

# CPR

Center for Problem Resolution

Karen C. Lenhart, M.D., P.A.

November 17, 1998

Department of State  
Division of Corporations  
P.O. Box 6327

RE: RX: FITNESS EIN: 59-3412517

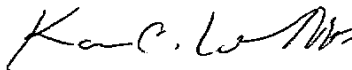
TO WHOM IT MAY CONCERN:

This letter is being written to inform you that the enclosed revocation notice is the very first time I received anything. I never received any prior notices, and was not aware that this was not taken care of.

After speaking with one of your representatives, he indicated to me that I send this letter explaining, along with \$150.00, and any corrections. I did correct our zip code.

Thank you for your anticipated cooperation in this matter.

Sincerely,



Karen C. Lenhart, M.D.

KCL/gl