

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

①

APPLICATION FOR  
REINSTATEMENT



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

1997 NOV -3 PM 5:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000077952**

1. Corporation Name  
**ED PAUL, INC.**

Principal Place of Business  
**3408 NORTH UNIVERSITY DRIVE  
SUNRISE FL 33315**

Mailing Address  
**3408 NORTH UNIVERSITY DRIVE  
SUNRISE FL 33315**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/19/1996**

5. FEI Number

**65-0693975**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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
PTD	PAUL, EDWARD	3408 NORTH UNIVERSITY DRIVE	SUNRISE FL 33315
VSD	PAUL, VIOLET ANN	3408 NORTH UNIVERSITY DRIVE	SUNRISE FL 33315

500002340655--1  
-11/06/97-01099-003  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Edward Paul*

REGISTERED AGENT MUST SIGN

Date **10-27-97**

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:

*Edward Paul*  
**EDWARD PAUL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-27-97** 954  
Date Daytime Phone #

CR2E040 (8/97)



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DEAR SIRS:

PLEASE BE ADVISED, PURSUANT TO OUR  
TELEPHONE CONVERSATION WITH THE OFFICE  
TODAY THAT I NEVER RECEIVED SERVICE OF  
YOUR 60 DAY WRITTEN NOTICE TO REINSTATE  
OR CONTINUE MY CORPORATION AS REQUESTED BY  
YOU, THE CERTIFICATE OF DISSOLUTION OF MY  
CORPORATION TOGETHER WITH MY CHECK OF  
\$165.00

THANK YOU

SINCERELY

Edward Paul