

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



LOUISIANA DEPARTMENT OF REVENUE
Sandra B. Moriam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 19 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000 78130**

1. Corporation Name

KEY FITNESS INC

Principal Place of Business

Mailing Address

**8108 UNIVERSITY DR
TAMPA
FL. 33621**

**HARBOR SQ SUITE 302
4134 GULF OF MEXICO DRIVE
LOUISIANA KEY FL. 34228**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

9-19-96

5. FEI Number

65-0708733

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
MR D JAMES LEWIS		HARBOR SQ SUITE 302 4134 GULF OF MEXICO DRIVE	LOUISIANA KEY FLORIDA 34228
MRS D CAROLYN LEWIS		AS ABOVE	500002436705--9 -02/20/98--01098--002 ***315.00 ***315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**VISA SERVICES HARBOR SQ SUITE 302
4134 GULF OF MEXICO DRIVE
LOUISIANA KEY
FL. 34228**

Name

N/A

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-12-98

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] **MR JAMES LEWIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-98

Date

(941) 387-0809

Daytime Phone #

CR2E040 (1/98)