

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

18142
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

00 NOV 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078978

1. Corporation Name

GymCare National, Inc.

2. Principal Office Address

7257 NW 4TH Blvd.

Suite, Apt. #, etc.

181

City & State --

GAINESVILLE FL

Zip

32607

Country

US

3. Mailing Office Address

7257 NW 4TH Blvd.

Suite, Apt. #, etc.

181

City & State --

GAINESVILLE, FL

Zip

32607

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/1996

5. FEI Number

59-3411506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

MARC MARVIN

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

3135 NW 107TH Terr

Suite, Apt. #, Etc.

City

GAINESVILLE

State
FL

Zip Code

32606

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

Marc Marvin

Date 10-24-00

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
OWNER PRES	MARC A. MARVIN	3135 NW 107TH TERR	GAINESVILLE, FL 32606

10. 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:

Marc Marvin

MARCA MARVIN

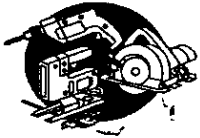
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-00 (352)332-0555

Date

Daytime Phone #

CR2E081 (9/99)



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GYMCARE, INC.

Installation & Renovation of Sport Facility Equipment

800 706-3438-00ph
800 706-3438-00fax

7257 N.W. 4th Blvd. Suite 181
Gainesville, FL 32607

November 19, 2000

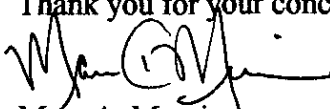
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement / Gymcare National, Inc.
Ref. Number P96000078978

ATTN: Stacy Sprather

After speaking with you on October 18, 2000, I sent a letter along with a reinstatement form and a check explaining that GymCare's forms had been returned in the mail due to an incorrect address. After receiving Letter Number 900A00057935, I spoke with you through a gentleman regarding this matter. As you requested, I am now directing this to your attention.

Thank you for your concern in this matter.


Marc A. Marvin
GymCare, Inc.