

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000094200

1. Corporation Name

EXTREME FITNESS SYSTEMS, INC.

Principal Place of Business

4903 CROCKETT CT.  
TAMPA FL 33625

Mailing Address

4903 CROCKETT CT.  
TAMPA FL 33625

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

2. New Principal Office Address, If Applicable

936 S. Howard Ave  
Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33606

Country

3. New Mailing Office Address, If Applicable

4 Tom Little  
Suite, Apt. #, etc.

City & State

P.O. Box 5379  
Clearwater FL

Zip

34618

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/1996

5. FEI Number

59-3428639

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Jeff White	4903 CROCKETT CT	Tampa FL 33625
D/S/T	Joe Redner	2040 N. Dale Mabry Hwy.	Tampa, FL 33607

8. Name and Address of Current Registered Agent

WHITE, JEFF  
4903 CROCKETT CT.  
TAMPA FL 33625

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

*Jeff White*

REGISTERED AGENT MUST SIGN

Date 11-12-97

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:

*Jeff White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-97

Date

Daytime Phone #

FILED

97 DEC -1 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CP2E040 (8/97)