

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 MAY 14 PM 4:33

STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-07

CR2E081 (1/07)

**DOCUMENT #**

1. Corporation Name

Total Conditioning, Inc.  
Doc # P97000005667

2. Principal Office Address - No P.O. Box #

465 NE 50th Terr

Suite, Apt. #, etc.

City & State

Miami, FLA

Zip

33137

Country

US

3. Mailing Office Address

465 NE 50th Terr

Suite, Apt. #, etc.

City & State

Miami, FLA

Zip

33137

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

1997

5. FEI Number

630725634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Cheryl A. Patella

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

465 NE 50th Terr

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Cheryl A. Patella

REGISTERED AGENT MUST SIGN

Date 5/11/07

**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
Pres	Cheryl Patella	465 NE 50th Terr	Miami, FL 33137
V.P.	Marie Markovic	10160 SW 116 Street	Miami, FL 33176
			300103039953 05/22/07--01052--011 **1500.00

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 contained in Chapter 119, 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:

Cheryl Patella Cheryl Patella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/07 786 2779265

Date Daytime Phone #