

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 31 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000011972*

1. Corporation Name

Marcos Aerobic & Fitness Inc

800117604958
02/08/08--01020--020 **450.00

CR2E081 (12/07)

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

3203 East Hwy 98

Suite, Apt. #, etc.

3. Mailing Office Address

3203 East Hwy 98

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City FL

Zip

32401

Country

U.S.A

Zip

32401

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3424817

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

MARCO T. COOPER

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

8210 Palm Cove Blvd

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32408

☒ 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

MARCO T. COOPER

REGISTERED AGENT MUST SIGN

Date *January 31, 2008*

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 |
|-----------|--------------------------------------|---|----------------------|
| President | MARCO T. COOPER | 8210 Palm Cove Blvd | Panama City FL 32408 |
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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:

MARCO T. COOPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2008 850.832-1266

Date

Daytime Phone #