

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 27 PM 12:36

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000014041

1. Corporation Name

FINLAY NETWORK HEALTH CLUB, INC.

2. Principal Office Address
23055 SW 180 CT.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33170

Country

3. Mailing Office Address
23055 SW 180 CT.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33170

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 02-10-1997

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-04

7. Name and Address of Current Registered Agent

Name
DANIEL BARREIRO

Street Address (P.O. Box Number is Not Acceptable)
23055 SW 180 CT.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33170

300035785383
05/07/04--01092--034 **100.00

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

REGISTERED AGENT MUST SIGN

Date

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
P/D	DANIEL BARREIRO	23055 SW 180 CT.	MIAMI, FL 33170

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DID NOT RECEIVE THE ANNUAL REPORT FORM SINCE 1998. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,



DANIEL BARREIRO
PRESIDENT