

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000018562

1. Corporation Name
ALLMAL, INC.

FILED

99 DEC -7 PM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9119 MERRILL RD
JAX FL 32225
US

Mailing Address

P.O. BOX 465
EMIGSVILLE PA 17316
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1997

5. FEI Number

58-2305697

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KRIEGER, KRISMAN L.J.	8101 PHILLIPS HWY	JACKSONVILLE FL 32216
D	KRIEGER, KURT J	8101 PHILLIPS HWY	JACKSONVILLE FL 32216
			800003070548--9 -12/15/99--01019--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

KENT, FREDERICK H III
225 WATER STREET
SUITE 900
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name
ANNE MARIE GENOVA
Street Address (P.O. Box Number is Not Acceptable)
830-13 AIA NORTH
Suite, Apt. #, Etc.
Suite 322
City
Ponte Vedra Beach
State
FL
Zip Code
32082

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

ANNE MARIE GENOVA
REGISTERED AGENT MUST SIGN

Date 10/19/99

11. 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:

Krisman D Krieger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/99 (904) 636-0247



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P.O. BOX 465 Emigsville, PA 17318
717-843-6866
Fax 717-843-6716

October 19, 1999

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

Re: Allmal Inc
FEI # 58-2305697

Dear Sir/Madam,

As per our conversation today, Allmal Inc. did not receive the annual report notice from the State of Florida and as a result did not file in a timely manner. We do not want to dissolve the Corporation.

Enclosed is a check for \$150.00 for the 1999 registration fee.

Thank you for your help.

Yours in good health,

Krisman L.J. Krieger
President