

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 DEC -3 PM 2:28

DOCUMENT # P97000020378

1. Corporation Name

Gym Hospitality, Inc.

2. Principal Office Address

12471 S. Orange Blossom Trail

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

USA

3. Mailing Office Address

931 W. Second Ave.

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/97

5. FEI Number

59 343 6629

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

HARRY RUBINSTEIN

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

931 W. SECOND AVE.

400025192504

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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 12/2/03

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
<u>P/D</u>	Harry Rubinstein	931 W. Second Ave.	Windermere, FL. 34786
<u>V/D</u>	Gina Rubinstein	931 W. Second Ave.	Windermere, FL. 34786
<u>Sec</u>	Harry Rubinstein	same	
<u>Treas</u>	Gina Rubinstein	same	

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

HARRY RUBINSTEIN

Date

12/2/03

Daytime Phone #

407-383-1708

CR2E081 (10/02)



A Licensee of World Gym Licensing, Ltd.

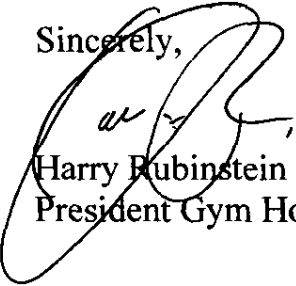
December 2, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Attn: Reinstatement Department:

It would be greatly appreciated if you could waive the reinstatement fee for 2003. We never received the annual report form for 2003. Thank you for your consideration.

Sincerely,



Harry Rubinstein
President Gym Hospitality, Inc.



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 344013 7410476

AUTHORIZATION : *Patricia Pigatto*

COST LIMIT : \$ 150.00

ORDER DATE : December 3, 2003

ORDER TIME : 11:59 AM

ORDER NO. : 344013-005

CUSTOMER NO: 7410476

CUSTOMER: Mr. Harry Rubinstein
Gym Hospitality, Inc.
931 West Second Avenue

Windermere, FL 34786

RECEIVED
03 DEC -3 PM 12:34
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: GYM HOSPITALITY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____