

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P97000045884

1. Corporation Name

BALCONY GYMNASTICS & PERSONAL FITNESS, INC.

98 DEC 24 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

915 SW 9TH AVE
OCALA FL 34474

Mailing Address

915 SW 9TH AVE
OCALA FL 34474



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3453263

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	MICHAEL HAMER	506 SE Sanchez Ave	OCALA, FL 34471
1/3	DEBRA Mager	1229 SE 11th St.	OCALA, FL 34471
			000002725310--3 12/29/98-01079-005 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

HAMER, MICHAEL J
915 SW 9TH AVE
OCALA FL 34474

9. Name and Address of New Registered Agent

Name MICHAEL HAMER
Street Address (P.O. Box Number is Not Acceptable)
915 SW 9th Ave.
Suite, Apt. #, Etc.

City Ocala

State FL

Zip Code 34474

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

REGISTERED AGENT MUST SIGN

Date 11/20/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

11/20/98
Date

352-401-3663
Daytime Phone #

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915 SW 9th Ave.
Ocala, FL 34474
(352) 401-3663
Fax (352) 401-3664

November 23, 1998

To Whom It May Concern:

Our annual report was filed on August 21, 1998 with your office. After receipt of our corporate dissolution papers I checked with our bank and the checks (\$400.00 plus \$150.00 late fee) have not been returned. At the time of this letter we have stopped payment on those checks. I contacted your office on 11/13/98 and spoke with a gentleman by the name of Tyrone. He advised our company to submit our reinstatement papers along with our original \$550.00. If there is any further information needed or questions, please feel free to call.

Sincerely,

Michael Hamer, President
Balcony Gymnastics & Personal Fitness, Inc.