

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 UBR

FILED

02 JAN 31 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073112

1. Corporation Name

ADVANCED FITNESS CONCEPTS, INC

200004882792--5

-02/06/02--01031--020

****300.00 ****300.00

2. Principal Office Address

3145 JACKSON AVE

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL.

City & State

Zip

33133

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-18-1997

5. FEI Number

65-0776868

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

CARLTON E. BROWN JR.

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

3145 JACKSON AVE

Suite, Apt. #, Etc.

LS

City

COCONUT GROVE, FL.

State

FL

Zip Code

33133

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

Carlton E. Brown Jr.
REGISTERED AGENT MUST SIGN

Date 12-20-01

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

~~1st~~
PRESIDENTS

CARLTON E. BROWN JR.

3145 JACKSON AVE

COCONUT GROVE, FL.

33133

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:

Carlton E. Brown Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLTON E. BROWN JR.

12-20-01

Date

305-444-8899

Daytime Phone #

CR2E081 (9/00)