

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>297000106365</i>			
1. Corporation Name WEST KENALL GYM CORP			
2. Principal Office Address 13300 SW 128 STREET Suite, Apt. #, etc.		3. Mailing Office Address 13300 SW 128 STREET Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI	
Zip 33186	Country US	Zip 33186	Country US

FILED
 01 NOV 29 PM 1:40
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

2000-01

4. Date Incorporated or Qualified To Do Business in Florida 12/18/97	
5. FEI Number 65-0800253	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ALEXANDER F. VALLADARES	
Street Address (P.O. Box Number is Not Acceptable) 13300 SW 128 STREET	
Suite, Apt. #, Etc.	
City MIAMI	State FL
Zip Code 33186	

1100004717021 -- 1
 -12/10/01--01092-013
 ***900.00 ***001.00

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 _____ Date 11/27/01

REGISTERED AGENT MUST SIGN

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	ALEXANDER F. VALLADARES	13300 SW 128 STREET	MIAMI, FL 33186

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: _____ Date 11/27/01 305-971-2050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)