

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 27 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000000563**

**1. Corporation Name**

EQUINOX HOLDINGS, INC.

2200 S. DIXIE HIGHWAY  
201 S. BISCAYNE BLVD.

**2. Principal Office Address**

2200 S. DIXIE HIGHWAY

**3. Mailing Office Address**

201 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE #603

Suite, Apt. #, etc.

SUITE #2000

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

Zip

33131

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 1/5/1998**

**5. FEI Number**  
61-1023328

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status**

03-04  
9-10-04 01034 010 \$1908.75

**7. Name and Address of Current Registered Agent**

Name

MARC H. AUERBACH, ESQ.

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

201 S. BISCAYNE BLVD.

Suite, Apt. #, Etc.

SUITE #2000

City

MIAMI

State

FL

Zip Code

33131

**REINSTATEMENT**

**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 9/23/04

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
D/P	RENE BRILLEMBOURG	2200 S. DIXIE HIGHWAY, #603	MIAMI, FLORIDA 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/04

Date

305-854-2714

Daytime Phone #

CR2E081 (01/04)

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