


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE	
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #			
1. Corporation Name			
Muscle Plus, Inc.			
P98000006175			
2. Principal Office Address		3. Mailing Office Address	
115 E. Main St.		same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tavares, FL			
Zip	Country	Zip	Country
32778	USA		
4. Date Incorporated or Qualified To Do Business in Florida		1/98	
5. FEI Number		Applied For	
59-3498898		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			
Doris Weizenecker			
200004725352-9			
Street Address (P.O. Box Number is Not Acceptable)			
13042 New York Ave			
Suite, Apt. #, Etc.			
City			
Astatula			
State			
FL			
Zip Code			
34705			
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			
Doris Weizenecker			
Date			
11/28/01			
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
Pres.	John Weizenecker	13042 New York Ave	Astatula, FL 34705
Secy	Doris Weizenecker	13042 New York Ave	Astatula, FL 34705
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: Doris Weizenecker			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
11/28/01 352-253-1100			
Date Daytime Phone #			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/00)