

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR 22 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014824

1. Corporation Name

Highpoint Center Health Club, Inc.

W1-14936

REINSTATEMENT

400173046154

03/24/10--01035--029 **150.00

CR2E081 (11/09)

08-10

2. Principal Office Address - No P.O. Box #

106 E. College Ave

3. Mailing Office Address

106 E. College Avenue

Suite, Apt. #, etc.

Suite M - Mezzanine

Suite, Apt. #, etc.

Suite M - Mezzanine

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

Leon

Zip

32301

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida

2/13/1998

5. FEI Number

59-3493173

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

David C. Strong

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

1000 N. Orlando Avenue

Suite, Apt. #, Etc.

Suite D

City

Winter Park

State

FL

Zip Code

32789

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

400173046154

04/21/10--01029--005 **300.00

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

REGISTERED AGENT MUST SIGN

Date 3-18-10

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
PD	David C. Strong	1000 N. Orlando Avenue, Ste D	Winter Park, FL 32789
VD	Lucy A. Strong	1000 N. Orlando Ave., Ste D	Winter Park, FL 32789
ST	Pat Curry	1000 N. Orlando Ave., Ste D	Winter Park, FL 32789

10. E-mail Address: inbox@strongmgmt.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

David C. Strong

3-18-10

407629-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 22 2010