


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000019414**

1. Corporation Name

KENDALL BODY 2000, INC.

Principal Place of Business

Mailing Address

15150 SW 56 ST.
MIAMI, FL 33185

15150 SW 56 ST.
MIAMI FL 33185

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1998

5. FEI Number

65-0823822

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	OTERO, CYNTHIA	15150 SW 56 ST.	MIAMI FL 33185
D	OTERO, CYNTHIA	15150 SW 56 ST.	MIAMI FL 33185

600004695206--9
-11/27/01--01048--022
****150.00 ****150.00

Am/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OTERO, CYNTHIA
15150 SW 56 ST.
MIAMI FL 33185

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Cynthia Otero

Date 10/22/01

REGISTERED AGENT MUST SIGN

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 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:

Cynthia Otero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

(305) 383-2244

CR2ED40 (8/01)

BODY 2000

FITNESS CENTERS

October 23, 2001

Florida Department of State
Division of Corporations
Document number: P98000019414

This letter is to certify that Kendall Body 2000 has not received any prior notices regarding this annual report.

I would also like to correct our FEI number, which is incorrect on the application. The correct number is: 65-0813822.

I have enclosed a check in the amount of \$150 for the annual renewal. Please contact my office at (305) 383-2244 with any questions, thank you.

Sincerely,



Cynthia Otero
Body 2000 Fitness Center