

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

00 OCT 20 PM 12:43

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P98000026913**

1. Corporation Name  
**P & BL GYMS, INC.**

Principal Place of Business Mailing Address

5920 REDRUG LAKE RD  
 WINTER SPRINGS FL 32708  
 US

GOLD'S GYM  
 5920 REDRUG LAKE RD  
 WINTER SPRINGS FL 32708  
 US



**REINSTATEMENT 00**

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  
**03/20/1998**

5. FEI Number **52-2091343**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LEWIS, PLEASANT	2732 LAKE HOWELL LANE	WINTER PARK FL 32792
VTS	LEWIS, BRENDA	2732 LAKE HOWELL LANE	WINTER PARK FL 32792

900003457619--0  
 -11/08/00--01076--023  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

LEWIS, BRENDA J  
 2732 LAKE HOWELL LANE  
 WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name **SCOT J. CORLESS**

Street Address (P.O. Box Number is Not Acceptable)  
**5920 Red Bug Rd.**

Suite, Apt. #, Etc.

City **WINTER SPRINGS** State **FL** Zip Code **32708**

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 *[Signature]* Date **10/16/00**

SIGNATURE REQUIRED 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: *[Signature]* Date **10/16/00** Daytime Phone # **KE 407 696-0600**

SIGNATURE REQUIRED

CR2E040 (8/00)