

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
00 FEB 21 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000027024

**1. Corporation Name**

Net Fit, Incorporated

**2. Principal Office Address**

958 S. Military Trail

Suite, Apt. #, etc.

Pm B#500

City & State

West Palm Beach, FL

Zip

33415

Country

Palm Beach

**3. Mailing Office Address**

1801 Carandis Rd

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33406

Country

Palm Beach

**REINSTATEMENT**

99-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/23/98

**5. FEI Number**

65-0859072

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

Diane Sue Trent, President

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

1801 Carandis Road

Suite, Apt. #, Etc.

City

West Palm Beach, FL

State

FL

Zip Code

33406

**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

Diane Sue Trent

REGISTERED AGENT MUST SIGN

Date 2/11/00

**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
DST	Samuel R. Trent, Jr.	1801 Carandis Rd.	West Palm Beach, FL 33406
Pres.	Diane Sue Trent	1801 Carandis Rd	West Palm Beach, FL 33406

**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:** Diane Sue Trent Diane Sue Trent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00  
Date

561-965-7757  
Daytime Phone #

CR2E081 (9/99)