

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000035624**

1. Corporation Name

DANNY GYM, INC.

FILED

03 OCT 10 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6331 SALADO RD.
ST. AUGUSTINE FL 32084

Mailing Address

6331 SALADO RD.
ST. AUGUSTINE FL 32084

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1998

5. FEI Number

59-3506015

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 03

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
DP	SLATTERY, DANIEL J	6331 SALADO RD.	ST. AUGUSTINE FL 32084
DTS	SLATTERY, DEBORAH B	6331 SALADO RD.	ST. AUGUSTINE FL 32084

300023712573
10/10/03--01072--006 **150.00

8. Name and Address of Current Registered Agent

SLATTERY, DANIEL J
6331 SALADO RD.
ST. AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Daniel J. Slattery
REGISTERED AGENT MUST SIGN

Date 10-8-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-8-03

904-721-
6015

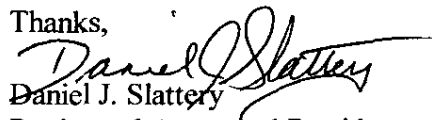
CR2E040 (7/03)

Florida Department of State
October 8th, 2003
RE: Danny Gym Inc.
Document # P98000035624
~~FEI # 59-3506015~~

Dear Sir,

We never received a renewal letter! We have a history of paying our bills on time.
Please accept the \$150.00 enclosed and don't dissolve our corporation.

Thanks,


Daniel J. Slattery

Registered Agent and President of Danny Gym, INC.