

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAY -4 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000036925

**1. Corporation Name**

PLATINUM FITNESS CENTER, INC.

**2. Principal Office Address**

20170 Pines Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Pembroke Pines, Fl

Zip

33029

Country

Broward

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

**REINSTATEMENT** 99-00

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

**5. FEI Number**

65-0831256

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

IMAD H. BAAJOUR

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

20172 Pines Boulevard

Suite, Apt. #, Etc.

Suite 101

City

Pembroke Pines,

State  
**FL**

Zip Code  
33029

400003296804-8  
-06/20/00--01038--025  
\*\*\*\*908.75 \*\*\*\*908.75

**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

**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
P	Imad Baajour	20172 Pines Blvd #101	Pembroke Pines Fl 33029
VP	Timothy P. Mahoney	20172 Pines Blvd #101	Pembroke Pines Fl 33029
VP	Marcos Quintero	20172 Pines Blvd #101	Pembroke Pines Fl 33029
VP	Ali H. Baajour	6658 NW 174th Lane	Miami Lakes Fl 33015

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #