PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 DEC -8 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100025312411
12/08/03--01014--031 **150.00

DOCUMENT # P98000044464

1. Corporation Name
First Ladies Fitness, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
907 East Cherry Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State
Zip: 32401 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5-15-98

5. FEI Number: 59-3510092 ☐ 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: Regina M. Polselli

Street Address (P.O. Box Number is Not Acceptable): 907 East Cherry Street

Suite, Apt. #, Etc.:

City: Panama City, FL State: FL Zip Code: 32401

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: Regina M Polselli Pres Date: 12-02-03
REGISTERED AGENT MUST SIGN

CR2E084 (10/02)

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
Pres	Regina M. Polselli	2014 W 23rd CT	Panama City, FL 32405

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: Regina M Polselli Pres 12/2/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR

Department of State
Division of Corporations
Corporate Filings
P O Box 6327
Tallahassee, Fl 32314

Dear Sir/Madam:

I never received my annual registration form from the State. Now I have been told that I have been dissolved. This is not fair. As you can see from my past record, we have always filed the form each year. Enclosed is our check for $ 150.00. Please show that we are in good standing.

Sincerely,

Reginia Pollselli Pres

Reginia Pollselli
Register Agent for First Ladies Fitness, Inc.
President