

99-02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 APR 16 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000050708

**1. Corporation Name**

PHOENIX HEALTH & FITNESS, INC.

**2. Principal Office Address**

5219 NW 33RD AVE.

Suite, Apt. #, etc.

**3. Mailing Office Address**

5219 NW 33RD AVE.

Suite, Apt. #, etc.

**City & State**

FT LAUDERDALE, FL

Zip  
33309

Country  
USA

**City & State**

FT LAUDERDALE, FL

Zip  
33309

Country  
USA

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

JUNE 5, 1998

**5. FEI Number**

65-085 1248

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**

LAZ L SCHNEIDER

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

350 E LAS OLAS BLVD

**Suite, Apt. #, Etc.**

Suite 1000

**City**

FT LAUDERDALE

State  
FL

Zip Code  
33301

**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**

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 4/2/2002

**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
C	LEAD WANG	No. 1 LANE 233 CHANG LONG ROAD	TAIPEING CITY, TAICHUNG HSIEN, TAIWAN 411
P	DENNIS HUYCK	5219 NW 33RD AVE.	FT LAUDERDALE, FL 33309
V	JEFF WANG	9115 DICE ROAD, #12	SANTA FE SPRINGS, CA 90670
			100005348361--5
			-04/25/02--01047--025
			***600.00 ***600.00

**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: DENNIS W. HUYCK PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/1/02 954-739-9092  
Daytime Phone #

**ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.**

**INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION**

- Block 1** Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2** Type or print principal office address in Block 2.
- Block 3** Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- Block 4** Enter the date of incorporation or qualification for this corporation.
- Block 5** Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6** Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7** Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)
- Block 8** The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Block 9** Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10** This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

**MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.**

**FEES:**

	<b>PROFIT CORPORATION</b>	<b>NON-PROFIT CORPORATION</b>
Reinstatement Fee	\$600.00	\$175.00
Annual Report Fee	\$ 61.25 (for each year dissolved)	\$ 61.25 (for each year dissolved)
Corporate Supplemental Fee (Profit Corporations only)	\$ 88.75 (for each year dissolved 1992 forward)	N/A
Minimum Amount Due	<u>\$750.00</u>	<u>236.25</u>

**Fees to Reinstate\* Effective January 1, 2002**

<b>YEAR DISSOLVED</b>	<b>IF A PROFIT CORPORATION</b>	<b>IF A NON-PROFIT CORPORATION</b>
1992	\$2,250.00	\$848.75
1993	2,100.00	787.50
1994	1,950.00	726.25
1995	1,800.00	665.00
1996	1,650.00	603.75
1997	1,500.00	542.50
1998	1,350.00	481.25
1999	1,200.00	420.00
2000	1,050.00	358.75
2001	900.00	297.50
2002	750.00	236.25

\*If dissolved prior to 1992, call 850-245-6059 for filing fee information.

\*Add additional \$8.75 for each certificate of status requested.

**Mailing Address:**  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Courier Service Address:**  
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

**Internet Address:**  
<http://www.sunbiz.org>

(850) 245-6059

Hearing/Voice Impaired may  
call (850) 245-6096 (TDD)

PHOENIX  
HEALTH & FITNESS INC.™



April 1, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Enclosed please find a completed Corporation Reinstatement form, along with a check for \$600.00 from Phoenix Health & Fitness, Inc. We were advised of the need to reinstate the corporation just today by our accounting firm. We have never received any forms from the State of Florida asking for this type of annual registration, and were not aware that we needed to submit such a form yearly. Our Registered Agent has also never received these forms on our behalf. We therefore called your office and were asked to submit the Reinstatement form along with the check.

We respectfully request that you waive any late fees or any other types of penalties. Thank you for your assistance.

Yours truly,

*Dennis W. Huyck*

Dennis W. Huyck  
President

5219 NW  
33rd Avenue  
Fort Lauderdale  
Florida  
33309.6302  
**PHONE:**  
954.739.9092  
**FAX:**  
954.739.9062  
**E-MAIL:**  
phoenixfit@  
mindspring.com