PLEASE READ ALL	INSTRUCTIONS	BEFORE COMPL	ETING THIS FORM
			



APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000057534

1. Corporation Name

ABSOLUTE FITNESS, INC.

Principal Place of Business

611 WINFIELD BLVD MARGATE FL 33063

SIGNATURE:

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under path.

IGELA BERTOCEHI

611 WINFIELD BLVD MARGATE FL 33083 FILED

99 OCT 28 PM 5: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

			ailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida O6/26/1998			
		Suite, Apt.			5. FEI Numbe	5. FEI Number 45 - 094 7541		
		City & State			- 45			
Zip		Country	Zip	Co	ountry	6. CERTIFICAT	E OF STATUS DESIRED S8 75	Add tional Lee required a Certificate of Status
7. Name	s and Street A	ddresses of Each Officer ar	nd/or Director (F	lorida nonprofit cor	porations must list at	least 3 directors)		· <u></u>
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
D				6611 WINFIELD BLVD #101B			MARGATE FL 33063	
							300003046 -11/16/990 ****150.00	1095017
-	A Nat	ne and Address of Curre	nt Registered A	gent		9 Name and	Address of New Registered Age	ant
8. Name and Address of Current Registered Agent Name					S. Halle and Adaless of New Registrion Agent			
BERTOCCHI, ANGELA				Otroot Address /O.O. Boy Mymber is Net Assentables				
6611 WINFIELD BLVD #101B				Street Address (P.O. Box Number is Not Acceptable)				
MARGATE FL 33063				Suite, Apt. #, Etc.				
					City		State	Zip Code
10. I, bei Signature Registere	of	ne registered agent of the	<u> </u>	rporation, am familio AGENT MUST SIGN		e obligations of Sect	ion 607.0505, F.S. Date/6/20 ,	199
this re	instatement ap	oplication, the reason for dis	solution has been	en eliminated, the c	corporate name satisf	ies the requirements	apter 607 or 617, F.S. I further ce of section 607.0401 or 617.0401 der section 119.07(3)(i), F.S. The	, F.S., that all fees

Absolute Fitness Inc. 6611 Winfield Blvd. # 101B Margate, Fl 33063 Tel: 954-873- 3300

Florida Dept. of State Division of Corporations PO Box 6327 Tallahassee, Fl. 32314

To Whom it may concern,

On October 15, 1999, Absolute Fitness Inc. received in the mail a "Notice of Administrative Dissolution or Revocation". Prior to receiving theses documents we had not received any "Annual Report Forms from the State, so receiving the revocation document was a surprise.

Our accountant Mr. Raju Maniar spoke with a representative from your Dept. regarding this matter. Ms. Tyrom instructed Mr. Maniar to have Absolute Fitness Inc. write a letter and Include a check for \$ 150.00 for the Annual Report Form and respectfully request that the State please send the document as well as please waive the reinstatement fees and reinstate Absolute Fitness Inc. as an active corporation due to the fact that have yet to receive any Annual report Forms to file.

Absolute Fitness Inc. respectfully requests from the Division Of Corporations to reinstate us as an active corporation in the state of Florida and waive all fees connected with reinstatement and send us the proper Annual Report Form. Enclosed you find a check for \$ 150,00 for such a form.

If you have any questions, or if there is any way we can be of assistance please don't hesitate to call myself at (954) 873-3300 or Mr. Maniar at (954) 726-4010. Thank for your time and cooperation.

-1

Angela Bertocchi

President

Sincerely,