

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Kenneth Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC -6 PM 4:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98008064974

1. Corporation Name
 CARLYN'S AEROFIT, INC.

Principal Place of Business
 TUFF-E-NUFF
 FITNESS CENTER

Mailing Address
 1146 94th AVE N.
 ST. PETERSBURG, FL
 33702

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. # etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	LAURA R. JENKINS	156 17th AVE NE	ST PETERSBURG, FL 33704
DIR.	JAMES HEALY	117 6th AVE NE	ST. PETERSBURG, FL 33701

8. Name and Address of Current Registered Agent

LAURA R. JENKINS
 c/o TUFF-E-NUFF FITNESS
 1146 94th AVE N
 ST. PETERSBURG, FL 33702

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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.

Signature of Registered Agent

Laura R. Jenkins
 REGISTERED AGENT MUST SIGN

Date 11/8/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Laura R. Jenkins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/99
 Date

(727) 577-0560
 Daytime Phone #

CR2E081 (12/98)