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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION | |
|---------------------------|---|
| REINSTATEMEN ^a | ı |



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

02 APR 24 AM 8:59

| DOCUMENT # P98 0000 67001 1. Corporation Name | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|--|--|---|---|--|
| European Fitness Addic | ction, Inc | . 4 | | |
| 2. Erincipal Office Address | 3. Mailing Office Addre | | | |
| 2747 E. Oakland PK Blvd. Suite, Apt. #, etc. | 2744E- OA Suite, Apt. #, etc. | Kland PIK Blvd | | |
| City & State Fort Landedale FL | City & State Fort Landardo | le FC | 4. Date Incorporated or Qualified To Do Business in Florida 7/28/98 5. FEI Number Applied For | |
| 3 3306 Country USA | 33306 | Country 1/SA | 6. CERTIFICATE OF STATUS DESIRED | |
| | 7. Name and A | Address of Current Register | red Agent | |
| Street Address (P.O. Box Number is No. Street Address (P.O. Box Number is No. Street Address (P.O. Box Number is No. Street Apt. #, Etc. | ot Acceptable) | | 2000054511520 -05/06/0201002014 ****450.00 ****450.00 | |
| fort Laudordale | · 座 | | State Zip Code 33334 | |
| 8. I, being appointed the registered agent of the above Signature of Registered Agent | re named corporation, am for a second | | Date | |
| 9. Names and Street Addresses of Each Officer and | or Director (Florida nonpro | fit corporations must list at lea | ast 3 directors) | |
| Titles Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | |
| C Pascal Lardy | 8/0 | NE 60 Street | fort Lauderdolo FL33334 | |
| | | - | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| 10. I certify that I am an officer or director or the receive | | | | |

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

April 22, 2002

Department of State, Division of Corporations PO Box 6327 Tallahassee, FL 32314

Subject Letter Requesting Corporate Reinstatement - European Fitness Addiction, Inc.

Gentlemen:

I am the sole shareholder and director of the above referenced corporation. I did not receive any of the notices or forms related to the annual filing requirements of my corporation. Should you have any questions, please contact me at 954 565-0606. Thank you in advance for your assistance with this matter.

Sincerely,

Pascal Lardy, CEO

European Fitness Addiction, Inc.