

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
00-01 UBR

FILED

01 FEB 26 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 008000070308

1. Corporation Name

ULTRA Fitness + Nutrition, Inc.

2. Principal Office Address

510 SW 7CT #3

Suite, Apt. #, etc.

3

City & State

Miami FLA

Zip

33130

Country

U.S.A.

3. Mailing Office Address

510 SW 7CT #3

Suite, Apt. #, etc.

3

City & State

Miami FLA

Zip

33130

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/98

5. FEI Number

65-0869328

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

Joseph Dion

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

510 SW 7CT #3

Suite, Apt. #, Etc.

Miami #3

City

Miami FLA

State

FL

Zip Code

33130

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

Joseph Dion

REGISTERED AGENT MUST SIGN

Date Feb 22 2001

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
President	Joseph Dion	510 SW 7CT #3	Miami FLA 33130

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:

Joseph Dion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22 2001

Date

Daytime Phone #

(305) 667-9435

CR2E081 (9/00)

To Whom I may Concern:

2012

My Name is Joseph Dion

My Corp. is ULTA Fitness & Nutrition.

The reason for this letter is to see

if it is possible you can give me an opportunity, because my mom is 86 years

old and she lost the letter that I pay

\$150 every year for my Corp. I live with her and she is the one that sets

the letters on mail. it won't happen again
I am sorry sorry about this accident.

Thank you so much for your

Attention

Joseph Dion

305 667-9435 work

305 857-3449 Home

510 SW 7CT #3

Miami FL 33130.