

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000071551

1. Corporation Name

FITNESS WAREHOUSE OF TAMPA, INC.

Principal Place of Business

Mailing Address

C/O FITNESS & NUTRITION CENTER
2122 BLOUNT ROAD 14847 N. DALE MARRY
POMPANO BEACH FL 33068

C/O FITNESS & NUTRITION CENTER
2122 BLOUNT ROAD 14847 N. DALE MARRY HWY.
POMPANO BEACH FL 33068 TAMPA, FL 33618

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

2. New Principal Office Address, If Applicable

PLEASE SEE ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

PLEASE SEE ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1998

5. FEI Number

65-0858404

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|---|---|
| D | GRUVMAN, EDUARDO D | 2122 BLOUNT ROAD C/O NUTRITION S'MART 12594 PINES BLVD. | POMPANO BEACH FL 33068 PENSACOLA, FL 33027 |
| | | | 600003046516--9 -11/17/98--01003--009 ****750.00 ****750.00 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRUVMAN, EDUARDO C/O NUTRITION S'MART
C/O FITNESS & NUTRITION CENTER
2122 BLOUNT ROAD
POMPANO BEACH FL 33068

Name

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

12594 PINES BLVD

Suite, Apt. #, Etc.

PENSACOLA

State

FL

Zip Code

33027

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

Eduardo Gruvman

REGISTERED AGENT MUST SIGN

Date 11/4/99

11. 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:

Eduardo Gruvman (EDUARDO D. GRUVMAN)

Date

11/4/99

Daytime Phone #

954-437-0035