## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION	
REINSTATEMEN <sup>®</sup>	ļ



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State, DIVISION OF CORPORATIONS

FILED 02 JAN 16 PM 4:38

DOCUMENT# 1980	000 801 39 ess for Women	,	
1. Corporation Name PREMIER Fitn	ess for Women	Juc.	
,	- 1		1000047943617 -01/24/0201057007
			****150.00 ****150.00
			1000047943617
2. Principal Office Address	3. Mailing Office Address		-01/24/0201057008 ******8.75 ******8.75
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4444440.13
Suite C		<b>4.</b> Da	te Incorporated or Qualified Do Business in Florida
City & State	City & State		Do Business in Florida 1998  Number Applied For
TAmpa FL	Franklin, Ot	5	9-3532182 Not Applicable
Zip Country  33612-5760 USA	_	LSA CER	TIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
3512-3160 003/1		ss of Current Registered Agen	<del></del>
Name Lines			
Street Address (P.O. Box Number is No	LRRLII		
1331 Water X	ro Run 1/5.	W44	
Suite, Apt. #, Etc.	7.		·
City Riverview		1	State Zip Code FL 33569
8. I, being appointed the registered agent of the above	e name i corporation, am familia	r with and accept the obligations	of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent Agent REG	SISTERED AGENT MUST SIGN		Date 10/20/01
9. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit cor	porations must list at least 3 dire	ctors)-
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director	City / State / Zip
President Wester Ha	well 1330	1 Waterford	Jan D Riverica II
Sec. Same	11		33569
Treas. Same	Va	·	11

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 filling 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 gall effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 2001

937) 750 5500

, CR2E081 (9/00)

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	1 5 02
·	Ms. miligan,
***************************************	1.03.1.003
	Thanknow for your letter. I telled
	With my accountant and he told me that he nown
	received the original uniform business report
	non did I. Sherefore, I ask that you accept
	my runstatement fuis for Premie Litress for
	My runstatement fus for Premie Litress for Womene, Anc in the amount of \$ 150 Shortyn
	for your cooperation in this marter
	Sincerely,
	Leely S. Horsel

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