

802000066560 2 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000084135

1. Corporation Name

CORAL GABLES HEALTH & FITNESS, INC.

2. Principal Office Address

14371 Lake Crescent Pl

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, Florida

City & State

Zip

33014

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-30-1998

5. FEI Number

010643916

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

WILLIAM DIAZ

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

14371 Lake Crescent Pl

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014.

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

Date **3-27-02**

REGISTERED AGENT MUST SIGN

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
(P)	WILLIAM DIAZ	14371 Lake Crescent Pl	Miami Lakes, FL 33014.

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)(f), 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

3-27-02

Date

305-903-0038

Daytime Phone

02 MAR 28 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

REINSTATEMENT

1999-2002

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

CORAL GABLES HEALTH & FITNESS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,200.00