

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

calz

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -8 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA9000005911**

1. Corporation Name

Body Maxx Fitness

2. Principal Office Address

13729 N. Dale Mabry Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

same

Zip

33618

Country

U.S.A.

Zip

33618

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/99

5. FEI Number

593559356

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

Claudio Robelle

600005419156--8

-05/02/02--01011--003

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

4524 New Dawn Cr.

*****300.00 ***300.00**

Suite, Apt. #, Etc.

City

Lotz, FL

State

FL

Zip Code

33558

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

Claudio Robelle
REGISTERED AGENT MUST SIGN

Date **3/1/02**

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
Pres.	Claudio Robelle	13729 N. Dale Mabry Hwy same as above	Tampa, FL 33618
V.P.	Sharon Robelle	" " " "	" " " "

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:

Claudio Robelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 (813) 969-3665
Date Daytime Phone #

CR2E081 (9/01)



Fitness & Personal Training Studio

Sharon L. Robelle

(813) 969-3665

Claudio E. Robelle

13208 N. Dale Mabey Hwy.

Fitness Consultants, AFAA, ISSA

Tampa, Florida 33618

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Florida Dept of State
Katherine Harris, Secretary of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

April 6, 2002

To Whom It May Concern,

Due to postal service problems, we have been experiencing a chaotic problem of missing important documents, such as our corporate renewal registration paperwork, which we never received.

Enclosed you will find our corporation reinstatement application with the appropriate fees.

Thank you for your prompt attention to this matter and I appreciate you waiving any fees which were caused by our never receiving the proper reinstatement. Sincerely, Claudio Robelle