PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02-03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 10 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # DTN 732304 HS4165

1. Corporation Name
Flex World Gym Inc.
P99000006344

2. Principal Office Address	3. Mailing Office Address
5480 Palm AVE.	5480 Palm AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fl.	City & State: Hialeah Fl.
Zip: 33012 Country: DADE	Zip: 33012 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: JAN 21 - 1999

5. FEI Number: 650890841 ☐ 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: Ramiro Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 5480 Palm AVE

500020753775
06/10/03 01042 001 **35.75

Suite, Apt. #, Etc.

City: Hialeah Fl. 33012 State: FL Zip Code:

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: [signature] REGISTERED AGENT MUST SIGN Date: 6-5-03

CR2E081 (10/02)

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
P	Maria Del C Reyes	5480 Palm AVE	Hialeah Fl. 33012
V/T/D	Ramiro Rodriguez	5480 Palm AVE	Hialeah Fl. 33012

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 5 03 Date

305 8194340 Daytime Phone #

Maria Del C. Reyes

jr 6/11

Flex World Gym

To Whom It May Concern:

I, Ramiro Rodriguez did not receive my 1st or 2nd notice for the year of 2002. Here enclosed is a check for the amount of $ 308.75, please waive the $ 600 reinstatement fee.

Respectfully yours: Ramiro Rodriguez

X