

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000022009

1. Corporation Name

Fitness Productions, Inc.

200003468872--9
-11/17/00--01072--010
****150.00 ****150.00

2. Principal Office Address

2200 E Semoran Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2200 E Semoran Blvd.

Suite, Apt. #, etc.

City & State

Apopka, Florida

Zip

32703

Country

USA

City & State

Apopka, Florida

Zip

32703

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/99

5. FEI Number

59-3555060

☒ 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

Michael S. Reeves

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

2130 WEKIWA OAKS DRIVE

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

Michael S. Reeves

REGISTERED AGENT MUST SIGN

Date

10-30-2000

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.	Michael Reeves	2130 WEKIWA OAKS DR.	Apopka FL 32703
Vice Pres. & Secretary	Ronald STABLING	184 NEWGATE LOOP	Heathrow, FL 32746

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:

Michael S. Reeves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/2000

Daytime Phone #

407-814-2051

CR2E081 (9/99)

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Fitness Productions, Inc.
DBA Powerhouse Gym
2200 E. Semoran Blvd.
Apopka, Florida 32703
October 30, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

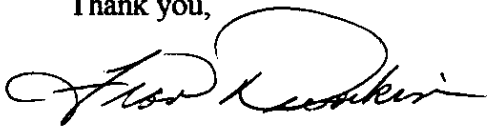
Attention: Division of Corporations

It has just recently come to my attention that the Annual Report, which is normally filed by May 1st, never reached our facility. Apparently this report was sent somewhere in Lake Mary. I believe that this error occurred when the President of this corporation gave up his partnership.

As you will note from the new report that I am submitting, there are only two existing partners in the corporation. Carmen Paris no longer has any affiliations with Fitness Productions, Inc.

I am mailing you our check number 3163 in the amount of \$150.00. I hope that you will allow us to reinstate our corporation at this original fee. If you have any questions or concerns, please contact me at 407-814-2051.

Thank you,



Fran Dworkin,
Office Manager, Fitness Productions, Inc.