

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 MAR -1 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069034

1. Corporation Name

Fitness Systems of PB Gardens, Inc.

2. Principal Office Address

4430 NorthLake Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6730

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Delray Beach, FL

Zip

33410

Country

USA

Zip

33445

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/29/99

5. FEI Number

65-0949779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ann Woolard

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

14548-A S. Military Trail

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33482

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

*Ann Woolard*

REGISTERED AGENT MUST SIGN

Date 2/26/02

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	James J. Woolard	14548-A S. Military Trail	Delray Beach, FL 33482
V.P.	Ann Woolard	14548-A S. Military Trail	Delray Beach, FL 33482

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Woolard

Date

2/26/02

Daytime Phone #

561 704 6679

CR2E081 (9/01)