

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 AUG 15 PM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000079484

1. Corporation Name

GET FIT WITH G.C., INC.

2. Principal Office Address

1314 East Las Olas Blvd.

Suite, Apt. #, etc.

Suite 1004

City & State

Ft. Lauderdale, FL

Zip

33301

Country

3. Mailing Office Address

1314 East Las Olas Blvd.

Suite, Apt. #, etc.

Suite 1004

City & State

Ft. Lauderdale, FL

Zip

33301

Country

700004543387
08-17-01 01076 013
1,800.00 900.00
REINSTATEMENT 06-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/8/99

5. FEI Number

65-0951271

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

Matthew Zifrony, Esq.

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

c/o Tripp Scott, P.A., 110 SE 6th Street, 15th Floor

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code
33301

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

REGISTERED AGENT MUST SIGN

Date **8/1/01**

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
DPS	Gina McGee	Suite 1004 1314 East Las Olas Blvd.,	Ft. Lauderdale, FL 33301
DVPT	Carol Berkson	Suite 1004 1314 East Las Olas Blvd.,	Ft. Lauderdale, FL 33301

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:

G. McGee, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/01

Date

954-963-1977

Daytime Phone #

CR2E081 (9/00)