

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000086307**

1. Corporation Name

COCONUT CREEK FITNESS CORP.

Principal Place of Business

686 LAKE BLVD
WESTON FL 33326

Mailing Address

686 LAKE BLVD
WESTON FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

4911 Coconut Creek Parkway
Suite, Apt. #, etc.

City & State
Coconut Creek, FL

Zip **33063** Country **USA**

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.
4911 Coconut Creek Parkway

City & State
Coconut Creek, FL

Zip **33063** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1999

5. FEI Number

65-0954758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	BELL, MICHAEL P	686 LAKE BLVD	WESTON FL 33326
V	ROSEMAN, MICHAEL	4013 TURGLOISE TRAIL	FORT LAUDERDALE FL 33331

8. Name and Address of Current Registered Agent

BELL, MICHAEL P
686 LAKE BLVD
WESTON FL 33326

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Michael P Bell **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10-31-02

11. 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 P Roseman **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-02 954-972-3488

CR2E040 (8/02)

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October 31, 2002

Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Health Clubs of America mailed in our original notice of Annual Report/Uniform Business Report and a check for \$150.00 in January 2002. We never, however, heard from the Department of State regarding this filing.

We have enclosed another check for \$150.00 and the Application for Reinstatement. With these circumstances we ask that you please consider waiving the late fee for reinstatement.



Sincerely,
Michael Roseman
Health Clubs of America
954-972-3488